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UNDER THE *REHABILITATION ACT OF 1973*, AS AMENDED

REHABILITATION SERVICES ADMINISTRATION

Annual Report

Fiscal Year 2013

REPORT ON FEDERAL ACTIVITIES
UNDER THE *REHABILITATION ACT OF 1973*, AS AMENDED

U.S. Department of Education
Office of Special Education and Rehabilitative Services

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ACRONYMS

Acronym	Full Term
ABA	<i>Architectural Barriers Act</i>
ACT	ADA Coordinator Training
ADA	<i>Americans with Disabilities Act</i>
AIVRS	American Indian Vocational Rehabilitation Services
APR	Annual Performance Report
ARRA	<i>American Recovery and Reinvestment Act</i>
ARRT	Advanced Rehabilitation Research Training
BAC	Business Advisory Council
BEP	Business Enterprise Program
BMS	Burns Model System
CAP	Client Assistance Program
CFR	Code of Federal Regulations
CIHR	Canadian Institutes of Health Research
CIL	Center for Independent Living
CORC	Coordination, Outreach and Research Center
CRD	Civil Rights Division
CSPD	Comprehensive System of Personnel Development
DBTAC	Disability and Business Technical Assistance Center
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DD Act	<i>Developmental Disabilities Assistance and Bill of Rights Act</i>
DLAC	Disability Law and Advocacy Center of Tennessee
DMD	Duchenne Muscular Dystrophy
DRNM	Disability Rights New Mexico
DRRP	Disability and Rehabilitation Research Projects
DSU	Designated State Unit
DVE	Diagnostic Vocational Evaluation
DVR	Division of Vocational Rehabilitation
DVT	Deep Venous Thromboembolism
EEOC	Equal Employment Opportunity Commission
FIP	Field-Initiated Projects
FY	Fiscal Year

Acronym	Full Term
GPRA	<i>Government Performance and Results Act</i>
GSA	General Services Administration
HKNC	Helen Keller National Center for Deaf-Blind Youths and Adults
ICDR	Interagency Committee on Disability Research
IDD	Intellectual/ Developmental Disabilities
IEP	Individualized Education Program
IL	Independent Living
ILC	Independent Living Center
ILOIB	Independent Living Services for Older Individuals Who Are Blind
IPE	Individualized Plan for Employment
IRI	Institute on Rehabilitation Issues
KT	Knowledge Translation
MIS	Management and Information System
MPAS	Missouri Protection and Advocacy Services
MSFW	Migrant and Seasonal Farmworkers Program
NCD	National Council on Disability
NCDDR	National Center on the Dissemination of Disability Research
NCRTM	National Clearinghouse of Rehabilitation Training Materials
NIA	Notice Inviting Applications
NIDRR	National Institute on Disability and Rehabilitation Research
NINDS	National Institute of Neurological Disorders and Stroke
NTAC	National Vocational Rehabilitation Technical Assistance Center
<i>NtK</i>	<i>Need to Knowledge Model</i>
OCIO	Office of the Chief Information Officer
OCR	Office for Civil Rights
OFCCP	Office of Federal Contracts Compliance Programs
OIB	Older Individuals Who Are Blind
OSERS	Office of Special Education and Rehabilitative Services
OSU TBI-ID	Ohio State TBI Identification Method
P&A	Protection and Advocacy
PAAT	Protection and Advocacy for Assistive Technology
PAIR	Protection and Advocacy of Individual Rights
PDMA	Product Development Managers Association
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance

Acronym	Full Term
RERC	Rehabilitation Engineering Research Center
RF	Radio Frequency
RRTC	Rehabilitation Research and Training Center
RSA	Rehabilitation Services Administration
RSA-911	Annual Vocational Rehabilitation Case Services Report
SBIR	Small Business Innovation Research
SCI	Spinal Cord Injury
SCIMS	Model Systems Programs in Spinal Cord Injury
SILC	Statewide Independent Living Council
SILS	State Independent Living Services
SMPID	RSA's State Monitoring and Program Improvement Division
SRC	State Rehabilitation Council
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TA	Technical Assistance
TACE	Technical Assistance and Continuing Education
TBI	Traumatic Brain Injury
TBIMS	Traumatic Brain Injury Model System
TTP	Talking Tactile Pen
UI	Unemployment Insurance
VOPA	Virginia Office for Protection and Advocacy
VR	Vocational Rehabilitation
VR Program	State Vocational Rehabilitation Services Program
WIA	<i>Workforce Investment Act of 1998</i>

PREFACE

The *Rehabilitation Act of 1973*, as amended (the *Rehabilitation Act*), provides the statutory authority for programs and activities that assist individuals with disabilities in the pursuit of gainful employment, independence, self-sufficiency, and full integration into community life.

This report provides a description of accomplishments and progress made under the *Rehabilitation Act* during fiscal year (FY) 2013 (October 2012 through September 2013). To that end, the report identifies major activities that occurred during that fiscal year and the status of those activities during that specific time period.

The report provides a description of the activities of the Rehabilitation Services Administration (RSA), a component of the Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education. RSA is the principal agency for carrying out Titles I, III, VI and VII, as well as specified portions of Title V of the *Rehabilitation Act*. RSA has responsibility for preparing and submitting this report to the president and Congress under Section 13 of the *Rehabilitation Act*.

The *Rehabilitation Act* also authorizes research activities that are administered by the National Institute on Disability and Rehabilitation Research (NIDRR) and the work of the National Council on Disability (NCD) and includes a variety of provisions focused on rights, advocacy and protections for individuals with disabilities. A description of those activities is provided in this report.

THE REHABILITATION ACT: AN OVERVIEW

Federal interest and involvement in rehabilitation issues and policy date initially from 1920 with the enactment of the *Civilian Vocational Rehabilitation Act*, commonly called the *Smith-Fess Act*. The *Smith-Fess Act* marked the beginning of a federal and state partnership in the rehabilitation of individuals with disabilities. Although the law was passed shortly after the end of World War I, its provisions were specifically directed at the rehabilitation needs of persons who were industrially injured rather than those of veterans with disabilities.

A major event in the history of the federal rehabilitation program was passage of the *Rehabilitation Act* in 1973, which provides the statutory authority for programs and activities that assist individuals with disabilitiesⁱ in the pursuit of gainful employment, independence, self-sufficiency and full integration into community life. Under the *Rehabilitation Act*, the following federal agencies and entities are charged with administering a wide variety of programs and activities: the departments of Education, Labor, and Justice, the Equal Employment Opportunity Commission; the Architectural and Transportation Barriers Compliance Board; and the National Council on Disability.

The U.S. Department of Education (Department) has primary responsibility for administering most of the programs authorized under the *Rehabilitation Act*. The Department's Office of Special Education and Rehabilitative Services (OSERS) is the administrative entity responsible for oversight of the programs under the *Rehabilitation Act* that are funded through the Department. Within OSERS, the Rehabilitation Services Administration (RSA) is the principal agency responsible for carrying out titles I, III, VI, as well as specified portions of Titles V and VII of the *Rehabilitation Act*. The National Institute on Disability and Rehabilitation Research (NIDRR), now administered by the Department of Health and Human Services (HHS), is responsible for carrying out Title II of the *Rehabilitation Act*. (See fig. 1 for title names.)^j

Figure 1. The Rehabilitation Act of 1973, as Amended, by Its Various Titles

Title	Name
I	Vocational Rehabilitation Services
II	Research and Training
III	Professional Development and Special Projects and Demonstrations
IV	National Council on Disability
V	Rights and Advocacy
VI	Employment Opportunities for Individuals with Disabilities
VII	Independent Living Services and Centers for Independent Living

ⁱ An individual with a disability is defined, for purposes of programs funded under the *Rehabilitation Act*, at Section 7(20) of the *Act*.

^j At the time of the publication of this report, NIDRR was renamed NIDILRR (or "The Institute") was transferred to HHS under the auspices of the Agency for Community Living (ACL) as of July 22, 2014. The Centers for Independent Living (CIL) were also transferred to HHS as of July 22, 2014.

RSA administers grant programs that provide direct support for vocational rehabilitation (VR), independent living, and individual advocacy and assistance. The agency also supports training and related activities designed to increase the number of qualified personnel trained in providing VR and other services. RSA also provides training grants to upgrade the skills and credentials of employed personnel.

Finally, RSA conducts monitoring, provides technical assistance, and disseminates information to public and private nonprofit agencies and organizations to facilitate meaningful and effective participation by individuals with disabilities in employment and in the community.

The largest program administered by RSA is the State Vocational Rehabilitation Services Program, also known as the Vocational Rehabilitation State Grants Program (hereinafter referred to as the VR program). This program funds state VR agencies to provide employment-related services for individuals with disabilities so that they may prepare for and engage in gainful employment that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

For over 90 years, the VR program has helped individuals with physical disabilities^k to prepare for and enter into the workforce. The program has since expanded to serve individuals with mental disabilities. Nationwide, the VR program serves more than 1 million individuals with disabilities each year. More than 91 percent of the people who use state VR services have significant physical or mental disabilities that seriously limit one or more functional capacities, which are defined as: “mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skill” (34 CFR 361.42). These individuals often require multiple services over an extended period of time. For them, VR services are indispensable to attaining employment and reducing their reliance on public support.

Under Title II of the *Rehabilitation Act*, NIDRR conducts comprehensive and coordinated programs of research, demonstration projects, training and related activities. NIDRR-funded programs and activities are designed to promote employment, independent living, maintenance of health and function, and full inclusion and integration into society for individuals with disabilities. The intent is to improve the economic and social self-sufficiency of individuals with disabilities and the effectiveness of programs and services authorized under the *Rehabilitation Act*.

Towards that goal, NIDRR supports rehabilitation research and development, demonstration projects, and related activities, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. In addition, NIDRR supports projects to disseminate and promote the use of information concerning developments in rehabilitation procedures, methods and devices. Information is provided to rehabilitation professionals, persons with disabilities, and their representatives. NIDRR

^k The *Civilian Vocational Rehabilitation Act*, passed by Congress in 1920, defined vocational rehabilitation (VR) as a program for physical disabilities. Mental disabilities were not part of the VR program until 1943.

also supports data analyses on the demographics of disability and provides that information to policymakers, administrators and other relevant groups. Awards are competitive, with applications reviewed by panels of experts, including rehabilitation professionals, rehabilitation researchers, and persons with disabilities.

The *Rehabilitation Act* has been a driving force behind major changes that have affected the lives of millions of individuals with disabilities in this country. The *Workforce Innovation and Opportunities Act enacted in July of 2014 (WIOA)* reauthorized and made significant changes to the *Rehabilitation Act*. This report, covering FY 2013, describes the major programs and activities authorized under the *Rehabilitation Act* and the success of the federal government in carrying out the purposes and policy outlined in the *Rehabilitation Act* as it was constituted prior to the enactment of *WIOA*.

**PROGRAMS UNDER
THE *REHABILITATION ACT***

PROGRAMS UNDER THE *REHABILITATION ACT*

Through partnerships with other federal and nonfederal agencies, RSA directly funds or supports a wide variety of programs, initiatives, or activities that are authorized under the *Rehabilitation Act*. For the purpose of this report, these programs, initiatives, and activities are organized into five major areas: Employment Programs; Independent Living and Community Integration; Technical Assistance, Training and Support; Evaluation, Research and Dissemination; and Advocacy and Enforcement. Within each area, the report provides a description of the discrete program, initiative, or activity. Each description includes budgetary information for FY 2013 and a reporting of major outcomes and accomplishments. Programs, organized by these areas, are:

Employment Programs

- Vocational Rehabilitation Services Program
- Supported Employment Services Program
- American Indian Vocational Rehabilitation Services Program
- Demonstration and Training Programs
- Migrant and Seasonal Farmworkers Program
- Randolph-Sheppard Vending Facility Program
(also known as the Business Enterprise Program)

Independent Living and Community Integration

- Independent Living Services Program
- Centers for Independent Living Program
- Independent Living Services for Older Individuals Who Are Blind

Technical Assistance, Training, and Support

- Capacity-building for Traditionally Underserved Populations
- Rehabilitation Training Program
- Special Projects and Demonstrations

Evaluation, Research and Information Dissemination

- Program Evaluation
- Information Clearinghouse
- National Institute on Disability and Rehabilitation Research

Advocacy and Enforcement

- Client Assistance Program
- Protection and Advocacy of Individual Rights
- Employment of People With Disabilities
- Architectural and Transportation Barriers Compliance Board
- Electronic and Information Technology
- Employment Under Federal Contracts
- Nondiscrimination in Programs That Receive Federal Financial Assistance
- National Council on Disability

EMPLOYMENT PROGRAMS

RSA administers seven programs that assist individuals with disabilities to achieve employment outcomes^l. Two of these programs, the VR program and the Supported Employment Services program, are state formula grant programs. The American Indian Vocational Rehabilitation Services, Demonstration and Training, and Migrant and Seasonal Farmworkers programs are discretionary grant programs that make competitive awards for up to a five-year period. RSA also provides oversight of the Business Enterprise Program operated by state VR agencies for individuals who are blind or visually impaired. Each of these programs is described below.

VOCATIONAL REHABILITATION SERVICES PROGRAM

Authorized Under Sections 100–111 of the *Rehabilitation Act*

The Vocational Rehabilitation Services program (VR program) assists states in operating as an integral part of a coordinated, statewide workforce investment system to assess, plan, develop, and provide VR services for individuals with disabilities. The program is designed to provide VR services to eligible individuals with disabilities so that they may achieve an employment outcome that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

The federal government covers 78.7 percent of the program's costs through financial assistance to the states^m for program services and administration. Federal funds are allocated to the states based on a statutory formula in Section 8 of the *Rehabilitation Act*. The formula takes into consideration a state's population and per capita income. In an effort to match the federal FY 2013 allotment for VR, state agencies expended and obligated \$814,951,374 by September 30, 2013.

Each state designates a state agency to administer the VR program. The *Rehabilitation Act* provides flexibility for a state to have two state VR agencies—one for individuals who are blind and one for individuals with other types of disabilities. All 56 states—50 U.S. states, District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands—have VR agencies; however, 24 of those states also have separate agencies serving blind or visually impaired individuals, for a total of 80 state VR agencies.

The *Rehabilitation Act* also provides flexibility to the states with respect to the organizational positioning of the VR program within the state structure. The VR

^l Employment outcome means, for purposes of the VR program, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment; or any other type of employment in an integrated setting, including self-employment, telecommuting or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice (34 CFR 361.5(b)(16)).

^m States include, in addition to each of the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, Section 7(32) of the *Rehabilitation Act*.

program can be located in one of two types of state agencies. The first is one that is primarily concerned with VR or vocational and other rehabilitation of individuals with disabilities. Of the 80 VR agencies, 30 fall into this category.

If the agency is not primarily concerned with VR or vocational and other rehabilitation of individuals with disabilities, the *Rehabilitation Act* requires the agency to have a designated state VR unit that is primarily concerned with VR or vocational and other rehabilitation of individuals with disabilities, and is responsible for the administration of the state agency's VR program under the state plan. Of the 80 VR agencies, 50 have designated a state unit in which the VR program resides as described above. In addition, of the 80 agencies, the VR program is located in 12 education agencies, 16 labor and workforce agencies, 25 social service agencies, 9 disability program agencies, and 17 agencies of other types. For American Samoa, Section 101(a)(2)(A)(iii) of the *Rehabilitation Act* identifies the Governor's Office as the VR agency.

The VR program is committed to providing services to individuals with significant disabilitiesⁿ and assisting consumers to achieve high-quality employment outcomes. RSA, in its relationships with the states, has continued to emphasize the priorities of high-quality employment outcomes and increased services to individuals with significant disabilities. Helping state agencies achieve positive employment outcomes for the people with disabilities they serve requires a robust system of collaboration, monitoring and state improvement plans that address identified needs and goals.

Under the RSA structure, the State Monitoring and Program Improvement Division (SMPID) have responsibility for monitoring state VR agencies. SMPID staff personnel are assigned to state teams that work collaboratively with consumers, providers, state agencies and any other interested parties to implement a continuous performance-based monitoring process that identifies areas for program improvement, areas of noncompliance, and effective practices. Each state is assigned a state liaison who serves as the single point of contact for that state.

Division staff persons also are assigned to units to perform specific functions that support the work of the state teams. The VR unit is responsible for:

- Developing and implementing systems for VR state plan submission, review and approval;

ⁿ The program regulations at 34 CFR 361.5(b)(31) define an individual with a significant disability as "an individual with a disability:

- (i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome;
- (ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- (iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation."

- Developing the VR state grant monitoring process implemented by state teams; and
- Providing policy guidance and technical assistance to VR agencies to ensure consistency with VR program requirements.

During FY 2013, based on feedback received from state VR agencies, stakeholders and RSA staff, RSA developed and implemented a revised monitoring protocol to assess state compliance and performance as required by Section 107 of the Rehabilitation Act. RSA conducted on-site reviews of all Title I and Title VI Part B programs in 10 states with a focus on three areas: organizational structure of the designated state agency and designated state unit, transition services and employment outcomes for youths with disabilities, and the fiscal integrity of the VR program. During the 12-month monitoring process, state teams shared information about the new monitoring processes and followed up on previous monitoring findings to ensure that corrective actions were taken to improve performance. State teams met with the state director and other agency personnel, members of state rehabilitation councils, disability advocates, individuals with disabilities, and other stakeholders. The remaining 46 states were reviewed according to the revised FY 2013 protocol, with FY 2016 being the last year of the monitoring cycle.

The VR program requires state agencies to administer a complex array of service delivery methods and funding mechanisms. As such, program monitoring ensures that RSA is able to assist agencies to comply with the Rehabilitation Act and its implementing regulations, as well as to achieve high performance.

To provide VR agencies, disability advocates, VR consumers, service providers, and other VR stakeholders with information on the performance of the State VR Services program, RSA has developed a process for publishing an *Annual Review Report* for each of the 80 state VR agencies. The reports are written in nontechnical language for the general public and are available online through the Department's Management Information System (MIS) at <http://rsa.ed.gov>. The FY 2013 annual review reports were issued in December of FY 2012. The annual review report includes the following information about each state VR agency:

- Individuals served by the VR program (i.e., individuals who have been determined eligible to receive services by the VR agency).
- Program outcomes.
- Agency staffing patterns (i.e., staffing patterns within the VR agencies).
- Financial data (i.e., federal award, amounts of matching funds, amounts of funds carried over).
- Compliance with standards and indicators.
- Status of appeals (i.e., applicants or eligible individuals of a VR agency who disagree with a decision rendered by the agency).

Ticket-to-Work or Social Security Reimbursement

The Ticket to Work program and the *Work Incentives Improvement Act of 1999* seeks to provide Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries a range of new or improved work incentives and employment-related services to support their movement to financial independence through work. The Social Security Administration (SSA) issues tickets to eligible beneficiaries who may choose to assign those tickets to an Employment Network (EN) of their choice to obtain rehabilitation services, employment services, and vocational or other support services necessary to achieve a vocational (work) goal under the ticket-to-work program. The EN coordinates and provides appropriate services to assist beneficiaries in obtaining and maintaining employment upon acceptance of the work ticket. Further information on this program may be found here: <http://www.ssa.gov/work>.

During FY 2013, state VR agencies nationwide received a total of \$138,260,580.10 in reimbursements from the SSA for the rehabilitation of 9,645 individuals with disabilities. For a VR agency to receive these reimbursements the SSDI beneficiary or SSI recipient must perform paid employment at a level of earnings high enough to be terminated from receipt of his or her SSDI or SSI benefits.

VR Program Performance

RSA has a long history of ensuring accountability in the administration of the various programs under its jurisdiction, especially the VR program. Since its inception in 1920, the VR program has been one of the few federal grant programs that have had outcome data on which to assess its performance, including its performance in assisting individuals to achieve employment outcomes. Over the years, RSA has used these basic performance data, or some variation thereof, to evaluate the effectiveness of state VR agencies. In FY 2000, RSA developed two evaluation standards and performance indicators for each evaluation standard as the criteria by which the effectiveness of the VR program is assessed. The two standards establish performance benchmarks for employment outcomes under the VR program and the access of minorities to the services of the state VR agencies.

Evaluation Standard 1 focuses on employment outcomes achieved by individuals with disabilities subsequent to the receipt of services from a state VR agency, with particular emphasis on individuals who achieved competitive employment^o. The standard has six performance indicators, each with a required minimum performance level to meet the indicator. For any given year, calculations for each performance indicator for agencies that exclusively serve individuals with visual impairments or blindness are based on aggregated data for the current and previous year, i.e., two years of data. For VR

^o The program regulations at 34 CFR 361.5(b)(11) define competitive employment as “work:

(i) In the competitive labor market that is performed on a full-time or part-time basis in an integrated setting; and

(ii) For which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.”

agencies serving all disability populations other than those with visual impairments or blindness, or VR agencies serving all disability populations, the calculations are based on data from the current year only, except for Performance Indicator 1.1, which requires comparative data for both years.

Three of the six performance indicators are designated as "primary indicators" since they reflect a key VR program priority of empowering individuals with disabilities, particularly those with significant disabilities, to achieve high-quality employment outcomes. High-quality employment outcomes include employment in the competitive labor market that is performed on a full- or part-time basis and for which individuals with disabilities are compensated in terms of the customary wage (but not less than the minimum wage) and level of benefits paid by the employer for the same or similar work carried out by individuals who are not disabled.

Listed below are each of the six performance indicators identified in Standard 1 as found in the program regulations at 34 CFR 361.84, the minimum performance level established for each indicator, and the number of state VR agencies that met the minimum level in FY 2013. **The three primary performance indicators are highlighted by an asterisk (*).**

Performance Indicator 1.1

The number of individuals who exited the VR program who achieved an employment outcome during the current performance period compared to the number of individuals who exited the VR program after achieving an employment outcome during the previous performance period.

**Minimum Required
Performance Level:**

Performance in the current period must equal or exceed performance in the previous period.

Fiscal Year 2013 Performance:

Of the 80 state VR agencies 58, including 45 general and combined agencies and 13 agencies serving only individuals who are blind, or visually impaired; or 72.5 percent met or exceeded the minimum required performance level.

Performance Indicator 1.2

Of all individuals who exited the VR program after receiving services, the percentage determined to have achieved an employment outcome.

**Minimum Required
Performance Level:**

For agencies serving only individuals who are blind or visually impaired the level is 68.9 percent; for other agencies the level is 55.8 percent.

Fiscal Year 2013 Performance: Of the 24 agencies serving only individuals who are blind or visually impaired 15, or 62.5 percent, met or exceeded the minimum required performance level. Of the 56 other agencies 36, or 64.3 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.3*

Of all individuals determined to have achieved an employment outcome, the percentage that exit the VR program and enter into competitive, self- or Business Enterprise Program (BEP) employment with earnings equivalent to at least the minimum wage.

Minimum Required Performance Level:

For agencies serving only individuals who are blind or visually impaired the level is 35.4 percent; for other agencies the level is 72.6 percent.

Fiscal Year 2013 Performance: All of the 24 agencies serving only individuals who are blind or visually impaired, met or exceeded the minimum required performance level. Of the 56 other agencies, 54, or 96 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.4*

Of all individuals who exited the VR program and entered into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage, the percentage who are individuals with significant disabilities.

Minimum Required Performance Level:

For agencies serving only individuals who are blind or visually impaired the level is 89.0 percent; for other agencies the level is 62.4 percent.

Fiscal Year 2013 Performance: Of the 24 agencies serving only individuals who are blind or visually impaired, 23 or 96 percent, met or exceeded the minimum required performance level. 55 out of the 56 other agencies, or 98.2 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.5*

The average hourly earnings of all individuals who exit the VR program and enter into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage as a ratio to the state's average hourly earnings for all individuals in the state who

are employed (as derived from the Bureau of Labor Statistics report on state average annual pay for the most recent available year, U.S. Department of Labor 2013).

Minimum Required

Performance Level: For agencies serving only individuals who are blind or visually impaired the ratio is .59; for other agencies the ratio is .52.

Fiscal Year 2013 Performance: Of the 24 agencies serving only individuals who are blind or visually impaired, 19, or 79 percent, met or exceeded the minimum required performance level. No state wage data exists for three of the 56 other agencies (Guam, Northern Marianas, and American Samoa). Of the remaining 53 agencies, 29 general and combined agencies, or 54.7 percent, met or exceeded the minimum required performance level.

Performance Indicator 1.6

Of all individuals who exited the VR program and entered into competitive, self- or BEP employment with earnings equivalent to at least the minimum wage, the difference between the percentage who report their own income as the largest single source of economic support at the time they exit the VR program and the percentage who report their own income as the largest single source of support at the time they apply for VR services.

Minimum Required

Performance Level: For agencies serving only individuals who are blind or visually impaired the level is an arithmetic difference of 30.4; for other agencies the level is an arithmetic difference of 53.0.

Fiscal Year 2013 Performance: Of the 24 agencies serving only individuals who are blind or visually impaired, 19, or 79 percent, met or exceeded the minimum required performance level. Of the 56 other agencies, 50, or 89.2 percent, met or exceeded the minimum required performance level.

Table 1 on the following page summarizes the FY 2013 performance of the 80 state VR agencies on the performance indicators for Evaluation Standard 1. In order for an agency to "pass" Evaluation Standard 1, it must meet or exceed at least four of the six performance indicators, including two of the three "primary" performance indicators. In FY 2013, 17 of the 80 state VR agencies, or 21.3 percent, passed all six performance indicators, 35, or 43.8 percent, passed five of the performance indicators, and 23, or 28.8 percent, passed four of the performance indicators. In total, 75 agencies, or 93.8 percent, passed Evaluation Standard 1. The five agencies, or 6.3 percent, that failed Evaluation

Standard 1 include two agencies that serve only individuals with visual impairments or blindness (North Carolina and Texas), one agency that serves all disability populations excluding those with visual impairments or blindness (North Carolina) and two agencies that serve all disability populations (Georgia and Northern Marianas).

**Table 1. Evaluation Standard 1 and Performance Indicators
State VR Agency Performance: Fiscal Year 2013**

Performance Indicators	General and Combined VR Agencies^a Pass^c	General and Combined VR Agencies^a Fail	VR Agencies Serving the Blind^b Pass	VR Agencies Serving the Blind^b Fail
1.1 Number of Employment Outcomes ^d	45	11	13	11
1.2 Percentage of Employment Outcomes After Provision of VR Services	36	20	15	9
1.3 Percentage of Employment Outcomes in Competitive Employment ^{e*}	54	2	24	0
1.4 Percentage of Competitive Employment Outcomes Individuals with Significant Disabilities ^{f*}	55	1	23	1
1.5 Ratio of Competitive Employment Earnings to State Average Weekly Wage [*]	29**	24**	19	5
1.6 Percentage Difference Earnings as Primary Source of Support at Competitive Employment Outcome Versus at Time of Application ^g	50	6	19	5

(*) Primary indicator

(**) Since no state wage data exists for Guam, Northern Mariana Islands and American Samoa, Indicator 1.5 cannot be computed for these VR agencies.

^a Agencies serving persons with various disabilities as well as providing specialized services to persons who are blind and visually impaired.

^b Separate agencies in certain states providing specialized services to blind and visually impaired persons.

^c To pass standard 1, agencies must pass at least four of the six performance indicators and two of the three primary performance indicators.

^d The number of individuals exiting the VR program securing employment during the current performance period compared with the number of individuals exiting the VR program employed during the previous performance period.

^e Percentage of those exiting the VR program that obtained employment with earnings equivalent to at least the minimum wage.

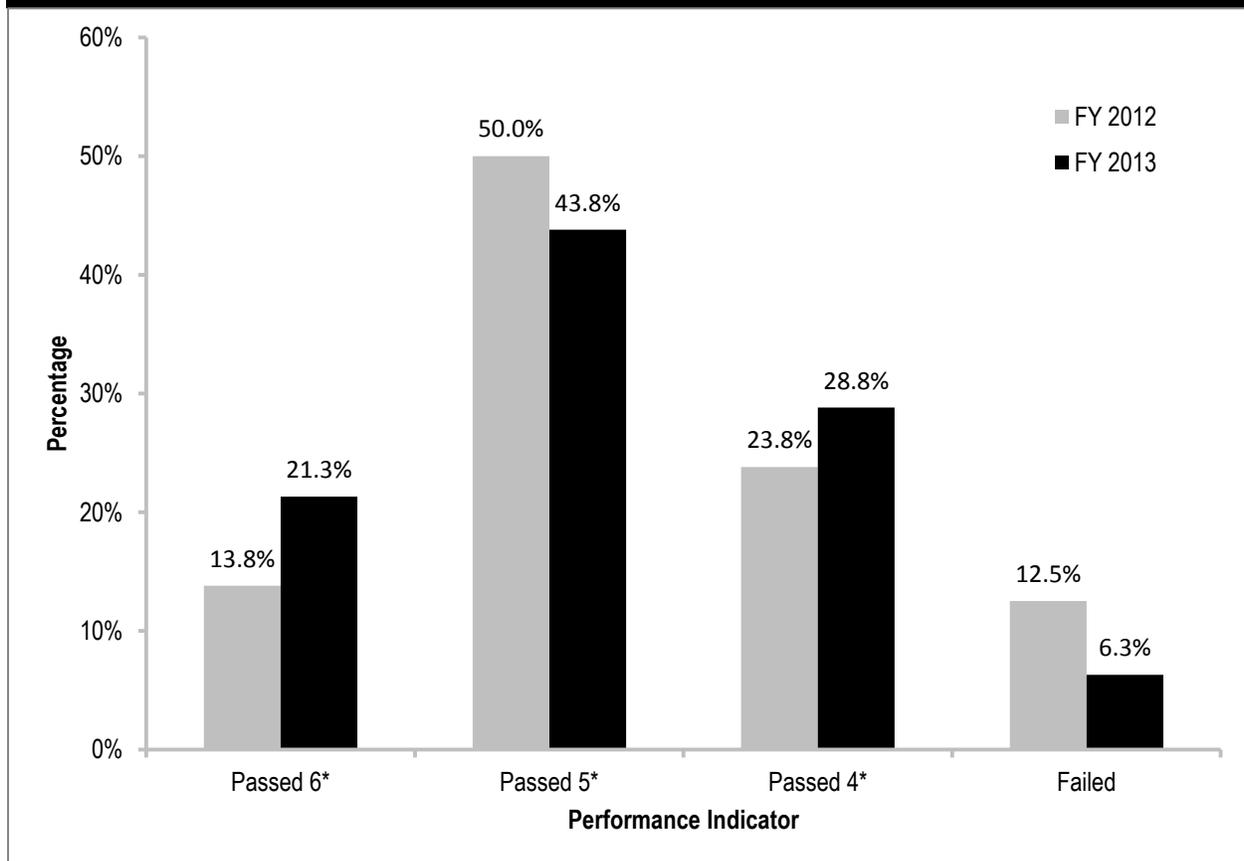
^f Employment outcome means, for purposes of the VR program, entering or retaining full-time or, if appropriate, part-time competitive employment in the integrated labor market; supported employment; or any other type of employment in an integrated setting, including self-employment, telecommuting or business ownership, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice (34 CFR 361.5(b)(16)).

^g Time frame from application for VR services to exiting the program with competitive employment.

Source: U.S Department of Education, OSERS, RSA, 2013

Figure 2 on the following page compares overall agency performance for fiscal years 2012 and 2013 for Evaluation Standard 1.

Figure 2. Overall State VR Agency Performance for Evaluation Standard 1: Fiscal Years 2012 and 2013



Source: U.S Department of Education, OSERS, RSA, 2013b

Evaluation Standard 2 focuses on equal access to VR services by individuals from a minority background. For purposes of this standard, the term "individuals from a minority background" means individuals who report their race and ethnicity in any of the following categories: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or Hispanic or Latino. For this standard there is one indicator (34 CFR 361.81).

Performance Indicator 2.1

The service rate^p for all individuals with disabilities from minority backgrounds as a ratio to the service rate for all individuals with disabilities from nonminority backgrounds.

Minimum Required Performance Level:

All agencies must attain at least a ratio level of .80. If an agency does not meet the minimum required

^p For purposes of calculating this indicator, the numerator for the service rate is the number of individuals whose service records are closed after they receive services under an individualized plan for employment (IPE), regardless of whether they achieved an employment outcome; the denominator is the number of all individuals whose records are closed after they applied for services, regardless of whether they had an IPE.

performance level of .80 or if an agency had fewer than 100 individuals from a minority background exit the VR program during the reporting period, the agency must describe the policies it has adopted or will adopt and the steps it has taken or will take to ensure that individuals with disabilities from minority backgrounds have equal access to VR services.

Fiscal Year 2013 Performance: Of the 66 state VR agencies that served at least 100 individuals from a minority population, 59 or 89.4 percent attained the performance level for indicator 2.1 of .80 or higher. Of the seven agencies that did not achieve the performance level of .80 for indicator 2.1 and served at least 100 individuals from a minority population, four were agencies that served all disability populations (Guam, Northern Marianas, Tennessee and Wisconsin). Two agencies that did not achieve the performance level of .80 served all disability populations except for individuals with visual impairments or blindness (Iowa and Maine).

Twelve of the 14 who did not serve 100 or more individuals from a minority population were from agencies that serve exclusively individuals with visual impairments or blindness (Connecticut, Delaware, Idaho, Iowa, Kentucky, Maine, Minnesota, Nebraska, New Mexico, Oregon, South Dakota and Vermont). Two agencies (American Samoa and U.S. Virgin Islands) that serve all disability populations, served fewer than 100 individuals from a minority population and no non-minorities.

All agencies that did not meet the required performance level or served fewer than 100 individuals of a minority population described policies that they have adopted to ensure that individuals with disabilities from minority backgrounds have equal access to VR services; therefore all agencies have met standard 2.

Table 2 on the following page summarizes the FY 2013 performance of the 80 state VR agencies on the performance indicator for Evaluation Standard 2.

Table 2. Performance of the 80 State VR Agencies on Evaluation Standard 2, by Performance Factors and Type of Agency: Fiscal Year 2013

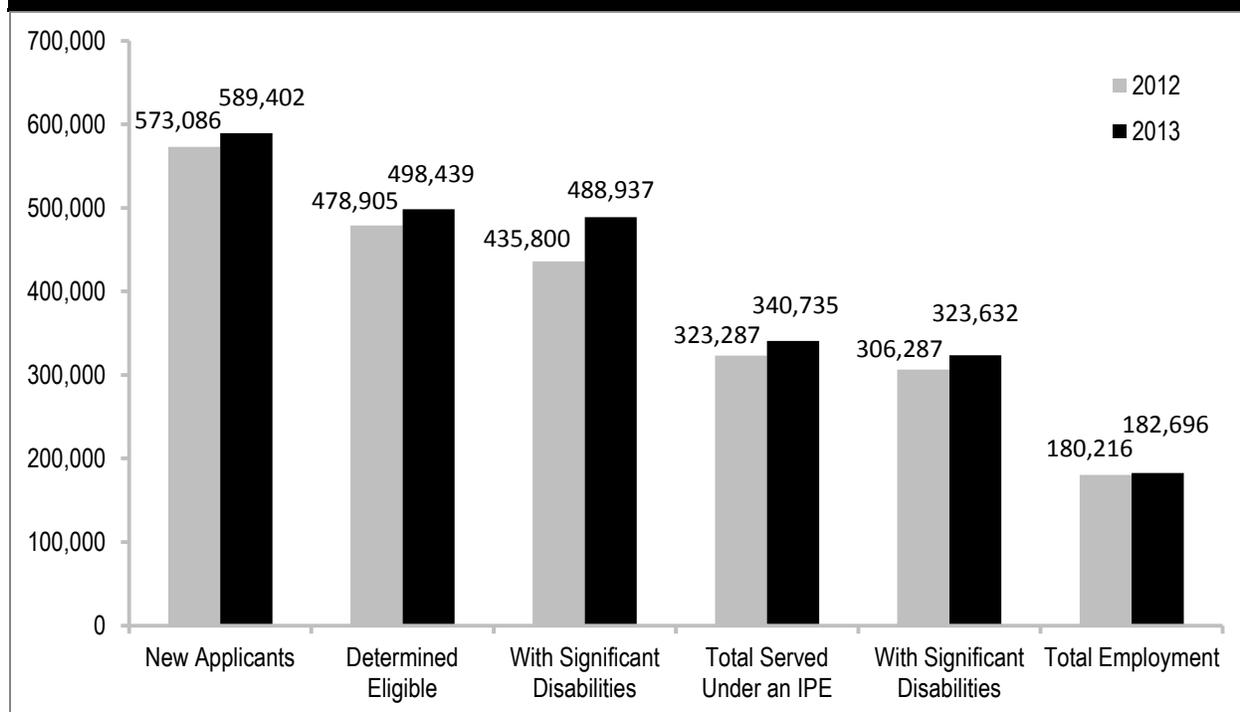
Performance Factors	General and Combined VR Agencies	VR Agencies Serving the Blind
Ratio of .80 or Higher	48	11
Ratio of Less than .80	6	1
Fewer than 100 Individuals from Minority Backgrounds Exiting the State VR Program	2	12

Source: U.S. Department of Education, OSERS, RSA, 2013a

A state-by-state breakdown of VR agency FY 2013 performance for both evaluation standards is provided in Appendix A of this report.

Other Program Performance Information

Figure 3. Key VR Program Indices, by Numbers Served: Fiscal Years 2012 and 2013

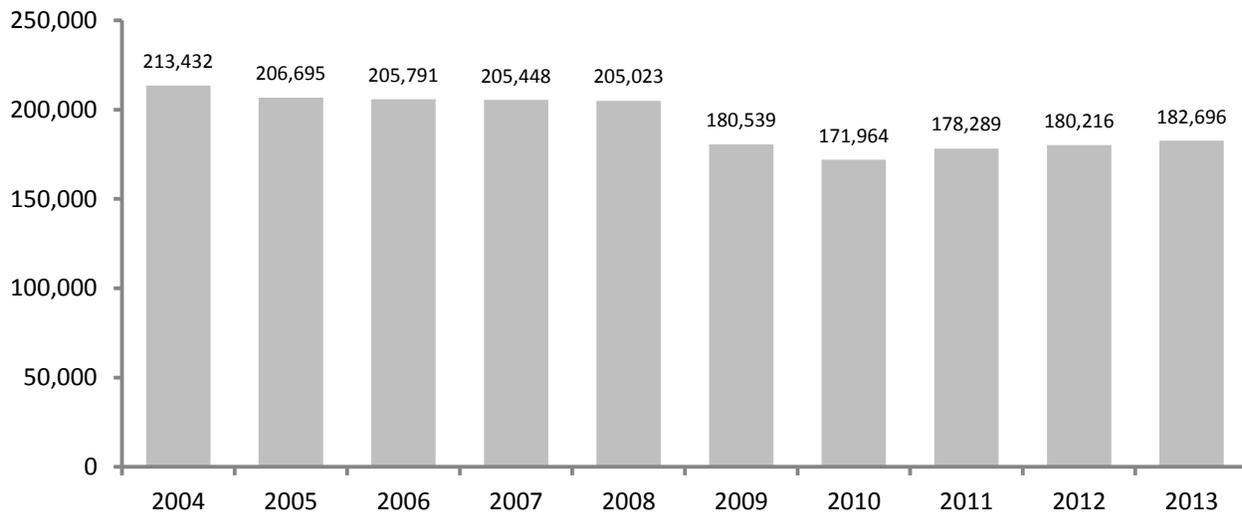


Source: U.S. Department of Education, OSERS, RSA, 2013b

During FY 2013, about 1.37 million individuals were involved in the public VR process, including 1,001,814 individuals who received services under an Individualized Plan for Employment (IPE) in that year.⁹ Approximately 94 percent of the total number of individuals who were receiving services under an IPE in FY 2013 were individuals with significant disabilities. Figure 3 compares statistical information from fiscal years 2012 and 2013 on a variety of key indices for the VR program. In FY 2013, 589,402 individuals with disabilities applied for services to the VR program. Of this number, 498,439 (84.6 percent of the applicants) were determined eligible to participate in the VR program. Of the individuals who applied for VR services and were determined eligible in FY 2013, 488,937 (98.1 percent) were individuals with significant disabilities. Figure 3 also shows that of the 340,735 individuals receiving services under an IPE who exited the VR program in FY 2013, 182,696 individuals exited with an employment outcome.

⁹ This number is obtained from RSA 113 and includes the number of individuals whose IPE was being implemented as of the first day of the fiscal year and the number whose IEP was implemented during the fiscal year.

Figure 4. Number of VR Program Participants Achieving Employment Outcomes: Fiscal Years 2004-2013



Source: U.S Department of Education, OSERS, RSA, 2013a

Figure 4 shows a general decline in employment outcomes beginning in FY 2004 as the result of several factors that have had an impact on the VR program, including:

- RSA policies that encouraged VR agencies to serve individuals with significant disabilities, especially those with the most significant disabilities and that focused efforts on assisting these individuals to achieve high-quality employment outcomes that are consistent with their aspirations and informed choices.
- Reduction in state matching funds for VR federal funds and the difficulties experienced by several states in satisfying their maintenance of effort requirements.
- VR agencies' implementation of an order of selection. Under an order of selection, a state VR agency that cannot serve all eligible individuals must give priority to serving individuals with the most significant disabilities. In FY 2013, 37 of the 80 state VR agencies reported that they had established an order of selection.
- Increases in cost of services, such as tuition costs, that reduce the availability of resources for individuals with disabilities for other services that lead to employment outcomes.

In FY 2009, there was a large drop (12 percent) in the overall number of employment outcomes. This decline was widespread with 78 percent of the 80 state VR agencies reporting a decrease in employment outcomes. This decrease in employment outcomes can, at least in part, be attributed to the general decline in available employment opportunities. For example, many VR agencies in states experiencing high

rates of unemployment for the general population have had a difficult time assisting the individuals with disabilities they serve to obtain employment. Although employment outcomes continued to decline in FY 2010, the decline was limited to 6 percent. Beginning in 2011 employment outcomes began to gradually increase, but remain below the FY 2008 level.

Table 3 summarizes the number and percentage of individuals with and without significant disabilities obtaining employment after exiting vocational rehabilitation. The success of individuals with significant disabilities achieving employment outcomes is reflected in the data provided in table 3 on the next page. The number of individuals with significant disabilities who exited the VR program after receiving VR services and achieving employment increased through 2001. This trend ended in FY 2002 for the reasons cited above. Since 2011, the number has gradually increased, but remains below pre-2009 levels. Although there was a slight decline in the percentage of individuals achieving employment outcomes who were individuals with significant disabilities in FYs 2007 and 2008, the rate increased to 93 percent in FY 2009 and it has been maintained through 2013.

Table 3. Number and Percentage of Individuals With and Without Significant Disabilities Obtaining Employment After Exiting Vocational Rehabilitation: Fiscal Years 2000–2013

Fiscal Year	Individuals With Significant Disabilities*	Individuals Without Significant Disabilities	Percentage With Significant Disabilities
2000	205,444	30,699	87.0
2001	205,706	27,985	88.0
2002	196,286	24,799	88.8
2003	195,787	21,770	90.0
2004	193,695	19,737	90.8
2005	189,207	17,488	91.5
2006	189,709	16,082	92.2
2007	188,399	17,049	91.7
2008	187,766	17,257	91.6
2009	168,794	11,745	93.5
2010	160,238	11,726	93.2
2011	166,376	11,914	93.3
2012	167,421	12,795	92.9
2013	170,209	12,487	93.2

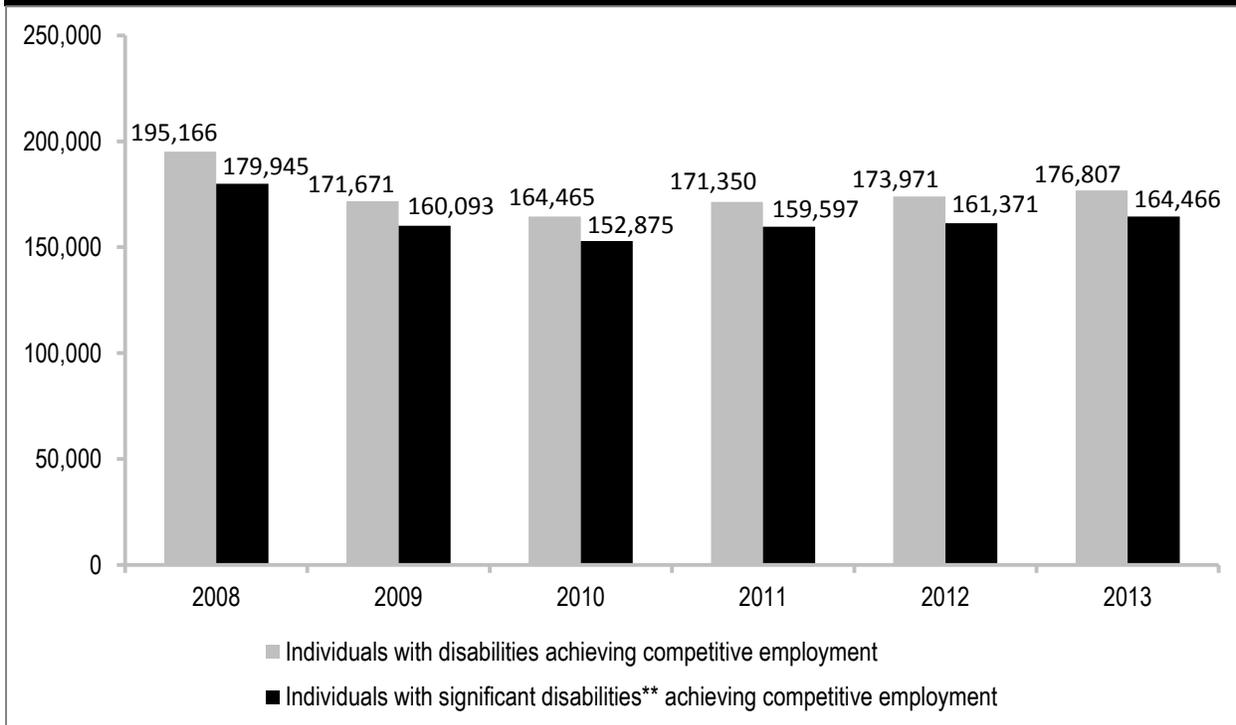
The program regulations at 34 CFR 361.5(b)(31) define an individual with a significant disability as “an individual with a disability:

- (i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome;
- (ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- (iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), spinal cord conditions (including paraplegia and quadriplegia), sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.”

Source: U.S Department of Education, OSERS, RSA, 2013b

Figure 5 on the following page shows the overall trend in individuals achieving competitive employment outcomes from FY 2008 to FY 2013. As shown in figure 5 on the following page, the overall trend in individuals achieving competitive employment outcomes decreased from FY 2008 to FY 2010. The same trend was evident for competitive employment outcomes for individuals with significant disabilities. Between FY 2010 and FY 2013, there was a slight increase in the number of individuals with significant disabilities achieving competitive employment. Similar to the percentage of individuals with significant disabilities achieving an employment outcome, the percentage of all individuals with disabilities achieving competitive employment outcomes who were individuals with significant disabilities was 93 percent for FYs 2009 through FY 2013.

Figure 5. Number of VR Program Participants Achieving Competitive Employment*: Fiscal Years 2008–2013



* The program regulations at 34 *CFR* 361.5(b)(31) define an individual with a disability as “an individual with a disability:

- (i) Who has a severe physical or mental impairment that seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance or work skills) in terms of an employment outcome;
- (ii) Whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and
- (iii) Who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, homophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including stroke and epilepsy), paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs to cause comparable substantial functional limitation.”

** The term “states” includes, in addition to each of the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands, (Section 7(32) of the *Rehabilitation Act*).

Source: U.S Department of Education, OSERS, RSA, 2013b

An important aspect of employment for anyone, particularly individuals with disabilities, is employment with some type of medical benefits. In FY 2013, approximately 112,275 individuals obtained competitive jobs with medical benefits, of which 94 percent were individuals with significant disabilities.

A detailed, state-by-state breakdown of statistical information regarding the VR program for FY 2013 is provided in Appendixes A and B of this report. Additional information is also available by calling the RSA State Monitoring and Program Improvement Division’s Data Collection and Analysis Unit at 202-245-7598 or by going to the RSA website at <http://www.ed.gov/about/offices/list/osers/rsa/research.html>.

SUPPORTED EMPLOYMENT SERVICES PROGRAM

Authorized Under Sections 621–628 of the *Rehabilitation Act*

The concept of supported employment was developed to assist in the transition of individuals with mental retardation and/or other developmental disabilities to a work setting through the use of on-site job coaches and other supports. By federal regulation, state VR agencies provide ongoing employment support services needed by eligible individuals with the most significant disabilities to maintain supported employment. Such supports may include monthly monitoring visits at the worksite, from the time of job placement until transition to extended services^r.

Under the Supported Employment Services program, state VR agencies collaborate with appropriate public and private nonprofit organizations to provide supported employment services. State VR agencies are authorized to provide eligible individuals with the most significant disabilities supported employment services for a period not to exceed 18 months, unless a longer period to achieve job stabilization has been established in the IPE. The IPE is “a description of the specific employment outcome... that is selected by the individual consistent with the individual’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice” (34 CFR 361.45). Once this supported employment period has ended, the state VR agency must arrange for extended services to be provided by other appropriate state agencies, private nonprofit organizations, or other sources for the duration of that employment. Supported employment placements are made when the VR services are augmented with extended services provided by other public or nonprofit agencies or organizations.

An individual’s potential need for supported employment must be considered as part of the assessment to determine eligibility for the VR program. The requirements pertaining to individuals with an employment goal of supported employment are the same in both the Title I VR program and the Title VI-B Supported Employment Services Program. A state VR agency may support an individual’s supported employment services solely with VR program (Title I) grant funds, or it may fund the cost of supported employment services in whole or in part with Supported Employment Services (Title VI-B) grant funds. Title VI-B supported employment funds may only be used to provide supported employment services and are essentially used to supplement Title I funds.

Data from the FY 2013 RSA 911 Case Service Report (RSA 911) (U.S. Department of Education, OSERS, RSA 2013a) show that a total of 39,278 individuals whose service records were closed that year after receiving services had a goal of supported employment on their IPE at some time during their participation in the VR program. Forty percent of those individuals received at least some support for their supported

^r Extended services is defined in the program regulations at 34 CFR 361.5(b)(20) as “ongoing support services and other appropriate services that are needed to support and maintain an individual with a most significant disability in supported employment and that are provided by a State agency, a private nonprofit organization, employer or any other appropriate resource, from funds other than funds received under this part and 34 CFR Part 363 after an individual with a most significant disability has made the transition from support provided by the designated State unit.”

employment services from Title VI-B funds. These numbers do not include those individuals who were still receiving supported employment services at the close of the fiscal year.

Approximately 21,257 individuals, or about 54 percent of the total individuals with a supported employment goal (including those funded solely by Title I and those that received some Title VI-B support), achieved an employment outcome. Of those achieving an employment outcome, 11,371 individuals received funding for supported employment services solely under the Title I VR program and 9,886 received partial funding for supported employment services through the Title I VR program, with the remainder of their funding coming from the Title VI-B supplement.

Fiscal year 2013 data also show that 81.8 percent, or 8,087 of 9,886 individuals receiving some funding for supported employment services through the Title VI-B program and achieving an employment outcome, obtained a supported employment outcome. Of those who obtained a supported employment outcome, 7,932, or 98.1 percent, were in competitive employment. In FY 2013, the mean hourly wage for individuals with supported employment outcomes who had achieved competitive employment was \$8.55.

Some individuals who have an initial goal of supported employment achieved an employment outcome other than a supported employment outcome. Of those individuals receiving some funding for supported employment services through the Title VI-B program who obtained other types of employment outcomes, 17.2 percent were employed in a competitive and integrated setting without supports and one percent were self-employed or were a homemaker.

As state VR agencies serve an increasing number of individuals with the most significant disabilities, the number of individuals receiving supported employment services will likely continue to increase. The prevalence of supported employment outcomes in the VR program illustrates its acceptance as a viable service approach.

The Government Performance and Results Act (GPRA) measure for the Supported Employment Services Program assesses the effectiveness of state agency efforts to increase the competitive employment outcomes of individuals with the most significant disabilities who have received supported employment services. Individuals in supported employment can achieve competitive employment (with wages at or above minimum wage), although not all individuals in supported employment do achieve these competitive wages. RSA encourages state agencies to assist individuals with disabilities in supported employment to achieve competitive employment outcomes.

The Department has established two GPRA measures for supported employment. Data used in calculating these measures include individuals who receive supported employment services funded under the VR State Grants program and/or the Supported Employment State Grants program. The first measure is the percentage of individuals with a supported employment goal achieving an employment outcome who obtains competitive employment. In 2013, 95 percent of individuals with a supported employment goal achieving an employment outcome obtained competitive employment and the performance target of 94 percent was met.

In response to recommendations from the program GPRA assessment conducted in FY 2007, RSA developed a second measure to assess the average weekly earnings of individuals with significant disabilities who achieved a supported employment outcome. The performance measure does not include data from State VR agencies that exclusively serve individuals who are blind or visually impaired. In FY 2008, the baseline year, average weekly earnings for individuals with significant disabilities who achieved supported employment outcomes were about \$199. In FY 2012, the average weekly earnings were about \$211; an increase of \$12 compared to the baseline year. In FY 2013, the average weekly earnings decreased to about \$207, which was \$8 higher than the baseline year.

AMERICAN INDIAN VOCATIONAL REHABILITATION SERVICES PROGRAM

Authorized Under Section 121 of the *Rehabilitation Act*

Table 4. American Indian VR Services Program: Number of Grants and Funding Amounts: Fiscal Years 2000–2013

Fiscal Year	Total Grants	Funding Amount
2000	64	\$23,343,067
2001	66	\$23,986,113
2002	69	\$25,552,272
2003	69	\$28,398,635
2004	70	\$30,762,517
2005	72	\$31,964,316
2006	73	\$32,999,370
2007	74	\$34,409,233
2008	77	\$34,839,212
2009	79	\$36,045,354
2010	82	\$42,822,202
2011	85	\$43,522,764
2012	85	\$37,898,000
2013	85	\$37,223,576

Source: U.S. Department of Education, RSA, 2013e

The American Indian Vocational Rehabilitation Services (AIVRS) Program provides grants to governing bodies of Indian tribes located on Federal and State reservations (and consortia of such governing bodies) to deliver VR services to American Indians with disabilities who live on or near such reservations.

The AIVRS program is supported through a mandatory set-aside under Section 110(c) of the Rehabilitation Act that requires not less than 1.0 percent (or more than 1.5 percent) of the funds appropriated for the VR program to be

reserved for carrying out the AIVRS program. The statute authorizes annual inflationary increases for the VR program and so, in general, the amount of funds made available for the AIVRS program increases annually.

Awards are made through the competitive process for a period of up to five years to provide a broad range of VR services—including, where appropriate, services traditionally used by Indian tribes—designed to assist American Indians with disabilities to prepare for and engage in gainful employment. Tribes participating in this program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

Applicants assure that the broad scope of rehabilitation services provided will be, to the maximum extent feasible, comparable to the rehabilitation services provided by the state VR agencies and that effort will be made to provide VR services in a manner and at a level of quality comparable to those services provided by the state VR agencies.

As table 4 shows, the total number of grants awarded increased from 64 in FY 2000 to 79 in FY 2009. However, in fiscal years 2010 and 2011, additional funds were provided to the AIVRS program from VR funds that remained available after the reallocation of unmatched funds to States VR agencies in the fourth quarter of the fiscal year. These funds enabled the Department to fully fund a limited number of additional projects for a 5 year period, bringing up the total number of projects to 85.

Table 5. Number of Individuals Achieving Employment Through the American Indian VR Services Program*: Fiscal Years 2000–2013

Fiscal Year	Number Served	Total Number Exiting after Receiving Services	Number Achieving Employment
2000	4,148	1,530	951
2001	4,473	1,683	1,088
2002	5,003	2,047	1,311
2003	5,105	2,200	1,452
2004	5,681	2,005	1,238
2005	6,245	2,375	1,573
2006	5,829	2,339	1,576
2007	6,592	2,494	1,663
2008	7,676	2,447	1,609
2009	7,621	2,769	1,690
2010	8,395	1,090	1,778
2011	8,081	1,002	1,724
2012	8,044	1,121	1,856
2013	7,800	948	1,964

* The number served calculation in table 5 includes the number of individuals who received services under an IPE during the fiscal year, a prior fiscal year and/or carried under a previous grant cycle.

Source: U.S. Department of Education, RSA, 2013c.

In addition to the increase in the total number of grants funded under the AIVRS program, the amount of the average award (both new and continuation) has also increased over time. The average award size in FY 2000 was approximately \$365,000, as compared to approximately \$445,900 in FY 2013; about a 37.2 percent increase.

Section 121 of the Rehabilitation Act requires that projects previously funded under the program be given preference in

competing for a new grant award. Previously funded projects that re-compete for new grants often request higher levels of funding because they have increased their capacity to serve effectively more individuals with disabilities.

The evaluation of the program has shown that experienced grantees continue to show significant improvements in their performance. The *GPR*A program goal is to improve employment outcomes of American Indians with disabilities who live on or near reservations by providing effective tribal VR services. Program outcome data extrapolated from the AIVRS annual program performance database, in response to *GPR*A, are shown in table 5.

As table 5 shows, the number of American Indians with disabilities who achieved an employment outcome in FY 2013 increased by 5.8 percent as compared to the previous year. In FY 2013, 67.5 percent of American Indians with disabilities who received services and exited the program achieved an employment outcome. The number served calculation in table 5 includes the number of individuals who received services under an IPE during the fiscal year, a prior fiscal year, or were carried forward under a previous grant cycle.

Technical assistance to the tribal VR projects is provided by a variety of sources, including: RSA, state VR agencies, Technical Assistance and Continuing Education (TACE) centers, NIDRR and its grantees, and the capacity-building grantees funded under Section 21 of the *Rehabilitation Act*.

Tribal VR projects are building strong relationships with the state VR agencies, and these relationships are promoting cross-training in which state VR agencies are sharing techniques of VR service delivery with tribal VR staff members and tribal project staff persons are sharing techniques on delivering VR services designed for diverse cultures with state VR agency staff members. As another example, the TACE center organized a Project Directors conference for the AIVRS projects and other discretionary programs that focuses on training and networking. Other grantees funded under the *Rehabilitation Act* participate in the conferences as both trainers and learners, further promoting strong partnerships within the program and among RSA grantees.

RSA continues to monitor tribal VR projects, including periodic on-site reviews. In addition, the Tribal Vocational Rehabilitation Continuous Improvement of Rehabilitation Counselors, Leaders, and Educators (TVR Circle) program was funded to provide culturally appropriate training and technical assistance for AIVRS programs. The TVR Circle uses a peer-to-peer model to assist the grantees in areas such as case management, fiscal management, organizational change, human resource development and leadership development.

The implementation of the AIVRS annual performance reporting form on the RSA Management and Information System (MIS) Database has assisted RSA in providing project data effectively and consistently. The FY 2013 data were examined for reporting inconsistencies and guidance was provided to grantees to ensure accurate reporting. The MIS database was upgraded to clarify data collection elements and provide a customer-friendly presentation. Through monthly teleconferences with grantees and distribution of the minutes from these meetings, RSA staff provide guidance on data entry into this information collection instrument.

The AIVRS grantees report data on the number of eligible individuals served and the number of individuals who exited the program after receiving services that achieved an employment outcome. The supplemental data elements used to address common measures are: (1) the number of eligible individuals who were employed three months after placement; (2) the number of eligible individuals who were employed six months after placement; (3) the number of individuals who exited after achieving an employment outcome and who have received post-employment services; and (4) the number of individuals who exited after achieving an employment outcome but were re-opened in a new case.

The Department has established two efficiency measures for the AIVRS program to examine the cost per employment outcome and cost per participant. The cost per employment outcome measure examines the percentage of projects whose average annual cost per employment outcome is no more than \$35,000. Under this measure the cost per employment outcome is calculated by dividing a project's total federal grant by the number of employment outcomes reported. In FY 2013, 77.6 percent of projects met the \$35,000 criterion for this measure and the performance target of 76 percent was exceeded.

The cost per participant measure examines the percentage of projects whose average annual cost per participant is no more than \$10,000. Under this measure, the average cost per participant is calculated by dividing the project's total federal grant by the number of participants served under an IPE. In FY 2013, 88 percent of projects met the \$10,000 criterion for this measure and the performance target was met.

In order to improve use and transparency of project data to manage and improve the program, RSA staff evaluated and modified the data table format to display the actual aggregate totals of national performance data and project data under individual grants. The public may access this information through RSA's MIS database.

DEMONSTRATION AND TRAINING PROGRAMS

Authorized Under Section 303 of the *Rehabilitation Act*

The Demonstration and Training Programs provide competitive grants to—and authorizes RSA to enter into contracts with—eligible entities to expand and improve the provision of rehabilitation and other services authorized under the *Rehabilitation Act*. The grants and contracts are to further the purposes and policies of the *Rehabilitation Act* and to support activities that increase the provision, extent, availability, scope, and quality of rehabilitation services under the *Rehabilitation Act*, including related research and evaluation activities. In FY 2013, the appropriation for this program was \$5,046,392.

In addition, the Demonstration and Training Programs also encompass activities that were formerly conducted under the Evaluation and Program Improvement programs. These included small scale, short duration evaluation and data analysis projects, program improvement, and evaluation activities.

Sections 303(a), (c), and (d) of the *Rehabilitation Act* authorize demonstration projects designed specifically to increase client choice in the rehabilitation process, make information and training available to parents of individuals with disabilities, and provide braille training.

Section 303(b) of the *Rehabilitation Act* authorizes the support of projects that provide activities to demonstrate and implement methods of service delivery for individuals with disabilities and includes activities such as technical assistance, service demonstrations, systems change, special studies and evaluation, and the dissemination and utilization of project findings. Entities eligible for grants under Section 303(b) include state VR agencies, community rehabilitation programs, Indian tribes or tribal organizations, or other public or nonprofit agencies or organizations. Competitions may be limited to one or more type of entity. The program supports projects for up to 60 months. During that period, many projects provide comprehensive services that may demonstrate the application of innovative procedures that could lead to the successful achievement of employment outcomes.

Section 303(b) projects develop strategies that enhance the delivery of rehabilitation services by community-based programs and state VR agencies to meet the needs of underserved populations or underserved areas. Projects have been successful in creating intensive outreach and rehabilitation support systems, including benefits counseling, career development, and job placement assistance.

Special demonstration projects vary in their objectives. The objective for a number of the projects funded in the past has been to provide comprehensive services for individuals with disabilities that lead to successful employment outcomes. However, some projects funded under this authority do not relate directly to employment of individuals with disabilities. For example, some projects focus on braille training. Others focus on training parents of youths with disabilities.

While these projects will ultimately affect employment and entry into the VR program, such outcomes may occur only indirectly, or many years, after the project ends. For this reason, the program's outcome measure is as follows:

- Projects will be judged to have successfully implemented strategies that contribute to the expansion of services for the employment of individuals with disabilities according to the percent of projects that met their goals and objectives as established in their original applications.

Using this measure allows each project to be included in any evaluation of the Demonstration and Training Programs. Program outcome data using this measure have been collected on projects that ended after FY 2005.

Special Demonstrations for FY 2013 include the following:

- **Social Security Disability Insurance (SSDI) Demonstration.** In FY 2013, RSA continued funding for one grant under this program to the Institute on Community Inclusion (ICI) at the University of Massachusetts—Boston in the amount of \$4,892,500. The purpose of this project is to identify, develop, and implement a model demonstration project to improve outcomes for individuals receiving SSDI who are served by state VR agencies. The project consists of a number of distinct phases including: 1) the identification of high-performing state VR agencies and “candidate factors and practices” by state VR agencies leading to in-depth case studies of the high-performing state VR agencies and their agencies’ factors and practices; 2) the creation of a demonstration laboratory for the evaluation of the intervention model with a core component being the provision of substantive training and technical assistance and in which selected state VR agencies serve as “incubators” for the intervention model; and 3) dissemination and replication including the development of training materials, curricula, procedures, and on-demand technical assistance initiatives. The ICI continued to work with Mathematica Policy Research on the development of the research methodology for studying the proposed model developed by the project.

FY 2013 was the third year of operation of the grant, and the project has made significant progress by formalizing the intervention model for study. The proposed model was presented to RSA staff for review. Components of the model were based upon analyses in the first two project years including three state VR agency case studies, Delphi panel summaries, RSA911 analyses, key informant interviews of state VR directors, qualitative interviews of VR customers receiving SSDI, and internal expert synthesis of findings. No state VR agency fully implemented all of the components and steps of the proposed model. However, several states, namely Nebraska and Alabama, implemented the most components statewide. In FY 2013, the model was strengthened to include specific timing indicators to emphasize rapid early intervention and engagement, a coordinated team approach, and infusion of job development and financial counseling early in the rehabilitation process. Mathematica Policy Research published an article entitled “Striking While the Iron is Hot: The effect of vocational rehabilitation service wait times on employment outcomes for applicants receiving Social Security disability benefits” in the Journal of Vocational Rehabilitation, Volume 39, Issue 2. The analysis lends support to the ICI interviews of SSDI customers who reported a slow pace of services.

The major activities of FY 2013 were (a) refining the model; (b) receiving permission from RSA to proceed with the proposed model; (c) refining the research methodology; and (d) proceeding with identifying and recruiting state VR agencies (n=3). After significant discussions among project partners, the project concluded that the most rigorous methodology would be to randomize “units” often defined as offices, branches, or districts, depending upon the state VR agency. Researchers needed a sample size of 1,000 new SSDI applicants and about 20 local offices. Of the 57 combined or general state VR agencies, 14 state VR agencies met the proposed selection criteria (CA, FL, IL, IN, MA, MI, MN, MO, NJ, NY, NC, PA, TX, and WI), while another six were expected to meet the criteria at the time of enrollment and implementation (AZ, KY, MD, OH, VA, and WA). The ICI received approval for the model from RSA and commenced recruitment activities with preliminary phone calls or in-person discussions with each of the state directors listed above. Seven states (CA, TX, FL, MN, KY, MI, and NC) expressed interest. Several state VR agencies were eliminated from the list as they were either in or considering an order of selection that included categories likely to affect SSDI applicants. At the time of recruitment, the U.S. Department of Education had released the PROMISE request for proposals. California was awarded the PROMISE grant and decided not to participate in the project. Texas had an abrupt change in leadership that made participation in the project challenging. By the end of FY 2013, the ICI had targeted NC, KY, MN, and MI as key states to include in the project. Site visits were conducted by the grantee during late summer and fall of 2013 at the central office of each of the VR agencies in the states listed.

- **Braille Training.** In FY 2013, three braille training grants received continuation funding in the amount of \$299,751. These projects provide training in the use of braille for personnel providing vocational rehabilitation services or educational

services to youths and adults who are blind, thereby building the capacity of service providers who work with those individuals.

- **National Technical Assistance Project.** In September of 2011, RSA awarded a two-year grant in the amount of \$799,989 for a National Technical Assistance Project to improve employment outcomes achieved through the vocational rehabilitation and Randolph-Sheppard Vending Facility programs. The focus of this grant was to provide training and technical assistance to program grantees through conferences, webinars and a project web site to address needs identified by monitoring reviews and needs assessments conducted by RSA. During FY 2013, five conferences took place. These five conferences included a national employment conference, a conference for the state coordinators for the deaf, a conference for State Rehabilitation Counsel chairpersons and staff, a conference for State licensing agency staff involved with the Randolph-Sheppard Program, and a fiscal conference for State VR agency financial staff. This grant was awarded to The George Washington University, working in collaboration with the University of Arkansas and the National Clearinghouse of Rehabilitation Training Materials.

MIGRANT AND SEASONAL FARMWORKERS PROGRAM

Authorized Under Section 304 of the *Rehabilitation Act*

The Migrant and Seasonal Farmworkers (MSFW) program makes comprehensive VR services available to migrant and seasonal farmworkers with disabilities. Projects under the program develop innovative methods for reaching and serving this population. Emphasis is given in these projects to outreach to migrant camps, to provide bilingual rehabilitation counseling to this population, and coordinate VR services with services from other sources. Projects provide VR services to migrant and seasonal farmworkers and to members of their families when such services will contribute to the rehabilitation of the worker with a disability. The goal of the MSFW program is to ensure that eligible migrant and seasonal farmworkers with disabilities receive rehabilitation services and increased employment opportunities.

Migrant and seasonal farmworkers with disabilities and their families are faced with many obstacles in securing employment. They are in need of highly individualized services to meet specific employment needs. They face significant barriers to securing employment, such as language barriers, culturally diverse backgrounds, and relocation from state to state, making tracking individuals difficult if not impossible.

The program is administered in coordination with other programs serving migrant and seasonal farmworkers, including programs under Title I of the *Elementary and Secondary Education Act of 1965*, Section 330 of the *Public Health Service Act*, the *Migrant and Seasonal Agricultural Worker Protection Act*, and *WIA*. In addition, RSA participates as a member of the Federal Migrant Interagency Committee to share information and develop strategies to improve the coordination and delivery of services to this population.

The fiscal year 2013 appropriation for this program was \$1,195,621. Projects funded that year trained migrant and seasonal farmworkers with disabilities to develop other skills that can be applied outside the agricultural area to increase their prospects for entering new occupations. In addition, projects under this program worked directly with employers to create opportunities for on-the-job training and job placement. The GPRA performance indicator for this program is based upon the *RSA-911 Case Service Report* that collects data on the number of individuals whose cases are closed from state VR agencies each fiscal year. One element in the system reports on the number of persons who also participated in a MSFW project at some time during their VR program. This is the data element used to calculate the GPRA performance indicator for this program. The GPRA indicator for this program is shown below:

“Individuals who achieve employment outcomes: Within MSFW project-funded states, the percentage of migrant or seasonal farmworkers with disabilities served by the state VR and the MSFW projects who achieve employment outcomes are higher than those who do not access the MSFW project.”

Seven projects funded under this program in FY 2013 served a total of 33 individuals who were also served by the VR program and placed a total of 27 individuals into competitive employment, an 81.82 percent placement rate. During this same time period the VR program in those same seven states that had a MSFW project served an additional 25 migrant and seasonal farmworkers who did not participate in a project funded under this program and placed a total of 9 individuals into competitive employment, a 36 percent placement rate. Therefore, the GPRA target was exceeded in FY 2013.

Another indicator was added to this program in 2010 as shown below:

“Individuals who achieve employment outcomes: The percentage of migrant and seasonal farmworkers with disabilities served by the MSFW projects who achieve employment outcomes is higher than for the migrant and seasonal farmworkers with disabilities in states that do not have a MSFW project.”

The states that did not have a MSFW project served 911 migrant and seasonal farmworkers and placed a total of 510 individuals into competitive employment, a 55.98 percent placement rate. Therefore, the new GPRA indicator was also exceeded in FY 2013.

In order to implement the improvement plan for grantees under this program, RSA advised all of the MSFW grantees to begin collecting data on October 1, 2007, on eight new performance measures to report for FY 2008. The eight data elements and the data for the seven continuation projects under this program for FY 2013 were as follows:

- Total number of MSFWs with disabilities who received vocational rehabilitation services from this project this reporting period. Total: 677
- Total number of MSFWs with disabilities who also receive vocational rehabilitation services from the state VR agency this reporting period. Total: 387
- Total number of MSFWs with disabilities who achieved employment outcomes this reporting period..... Total: 203
- Total number of MSFWs with disabilities served who exited the program this year without achieving an employment outcome. Total: 188
- Total number of MSFWs with disabilities served who exited the program this reporting period without achieving an employment outcome but who were transferred to another state. Total: 5
- Percentage of MSFWs with disabilities served who achieved employment outcomes this year. Percentage: 29.985 percent
- Total number of MSFWs with disabilities who are still employed three months after achieving an employment outcome. Total: 148
- Annual cost per participant who achieved an employment outcome.....Average Cost: \$6,167

The number of grants awarded under the MSFW program for fiscal years 2000–2013 is shown in table 6.

Table 6. Migrant and Seasonal Farmworkers Program: Number of Grants: Fiscal Years 2000–2013

Fiscal Year	Continuation Grants	New Grants	Total Grants
2000	10	4	14
2001	11	4	15
2002	11	4	15
2003	13	1	14
2004	13	0	13
2005	9	4	13
2006	9	3	12
2007	8	3	11
2008	10	3	13
2009	13	0	13
2010	9	4	13
2011	10	0	10
2012	7	0	7
2013	7	0	7

Source: U.S. Department of Education, RSA, Annual Performance Report, 2013

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM

Authorized Under the *Randolph-Sheppard Act* and Section 103(b)(1) of the *Rehabilitation Act*

Section 103(b)(1) of the *Rehabilitation Act* states that VR services, when provided to groups, can include management, supervision and other services to improve businesses operated by significantly disabled individuals. State VR agencies, therefore, are authorized to use funds under the VR program to support the Randolph-Sheppard Vending Facility Program, which is authorized under the *Randolph-Sheppard Act*. The original intent of the *Randolph-Sheppard Act* was to enhance employment opportunities for blind individuals who are trained and licensed to operate vending facilities.

Also known as the Business Enterprise Program, the *Randolph-Sheppard Act* Vending Facility Program is supported by a combination of RSA program funds, state appropriations, federal vending machine income, and levied set-asides from vendors.

It provides persons who are blind with remunerative employment and self-support through the operation of vending facilities on federal and other property. The program recruits qualified individuals who are blind, trains them on the management and operation of small business enterprises, and then licenses qualified blind vendors to operate the facilities.

At the outset, the program placed sundry stands in the lobbies of federal office buildings and post offices selling such items as newspapers, magazines, candies and tobacco products. Through the years, the program has grown and broadened from federal locations to also include state, county, municipal and private installations, as well as interstate highway rest areas. Operations have expanded to include military mess halls, cafeterias, snack bars, and miscellaneous shops and facilities comprised of vending machines.

RSA administers the *Randolph-Sheppard Act* in accordance with the goals of providing blind individuals with remunerative employment, enlarging the economic opportunities of blind persons and encouraging blind individuals to strive to become self-supporting. To this end, RSA has established standards and performance indicators to encourage state agencies to increase average earnings of individuals in the program.

The data contained in table 7 on the following page was obtained from the Vending Facility Program Report, Form RSA-15, for FY 2013. The total gross income for the program was \$708.9 million in FY 2013, compared to \$735.1 million in FY 2012. The total earnings of all vendors were \$ 116.1 million in FY 2013 and \$122.3 million in FY 2012. The national average annual net earnings of vendors were \$56,003 in FY 2013, and \$56,313 in FY 2012. The number of vendors at the end of FY 2013 was 2,173 compared to 2,134 in FY 2012, an increase of 39 vendors. The total number of vending facilities at the end of FY 2013 was 2,491 compared to 2,365 in FY 2012.

Table 7. Randolph-Sheppard Vending Facility Program Outcomes: Fiscal Years 2012 and 2013		
	FY 2012	FY 2013
Income and Earnings		
Gross Income	\$735,104,773	\$708,967,539
Vendor Earnings	\$122,398,938	\$116,149,326
Average Earnings	\$56,313	\$56,003
Number of Vendors		
Federal Locations	762	737
Nonfederal Locations	1,372	1,436
Total Vendors	2,134	2,173
Number of Vending Facilities		
Federal Locations	834	864
Nonfederal Locations	1,531	1,627
Total Facilities	2,365	2,491

Source: U.S. Department of Education, RSA, 2013f

INDEPENDENT LIVING AND COMMUNITY INTEGRATION

The purpose of the independent living (IL) programs is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into the mainstream of American society. Title VII of the *Rehabilitation Act* authorizes financial assistance to provide, expand and improve IL services; to develop and support statewide networks of centers for independent living (CILs); and to improve working relationships among state IL programs, CILs, Statewide Independent Living Councils (SILCs), and other programs authorized by the *Rehabilitation Act*, and other Federal, State, local and nongovernmental programs.

STATE INDEPENDENT LIVING SERVICES PROGRAM

Authorized Under Title VII, Chapter I, Part B of the *Rehabilitation Act*

The State Independent Living Services (SILS) Program provides formula grants, based on population, to states for the purpose of funding, directly and/or through grant or contractual arrangements, one or more of the following activities:

- Supporting the operation of SILCs;
- Demonstrating ways to expand and improve IL services;
- Providing IL services;
- Supporting the operation of CILs;
- Increasing the capacity of public or nonprofit organizations and other entities to develop comprehensive approaches or systems for providing IL services;
- Conducting studies and analyses, developing model policies and procedures, and presenting information, approaches, strategies, findings, conclusions, and recommendations to Federal, State and local policymakers in order to enhance IL services;
- Training service providers and individuals with disabilities on the IL philosophy; and
- Providing outreach to populations that are unserved or underserved by IL programs, including minority groups and urban and rural populations.

To be eligible for financial assistance, States are required to establish a SILC and to submit a state plan for independent living jointly developed and signed by the chairperson of the SILC and the director of the designated state unit (DSU). States participating in this program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

CENTERS FOR INDEPENDENT LIVING PROGRAM

Authorized Under Title VII, Chapter I, Part C, of the *Rehabilitation Act*

The Centers for Independent Living (CIL) program provides grants to consumer-controlled, community-based, cross-disability^s, nonresidential, private nonprofit agencies for the provision of IL services to individuals with significant disabilities. At a minimum, centers funded by the program are required to provide the following IL core services: information and referral, IL skills training, peer counseling, individual and systems advocacy. Centers also may provide psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and/or to continue in employment.

Table 8. Centers for Independent Living Program Accomplishments: Fiscal Year 2013

In FY 2013, CILs nationwide served over 129,469 individuals with significant disabilities. A few examples of their beneficial impact on individuals follows:

- 3,215 individuals were relocated from nursing homes or other institutions to community-based living arrangements.
- 41,818 individuals received assistive technology or rehabilitation services.
- 77,551 individuals received IL skills training and life skills training.
- 40,491 individuals received IL services related to securing housing or shelter.
- 23,529 individuals received services related to transportation.
- 38,691 individuals received personal assistance services.

Source: U.S. Department of Education, 2013a

The *Rehabilitation Act* establishes a set of standards and assurances that eligible centers are required to meet. In order to continue receiving CIL program funding, centers must demonstrate minimum compliance with the following evaluation standards: promotion of the IL philosophy, provision of IL services on a cross-disability basis, support for the development and achievement of IL goals chosen by the consumer, efforts to increase the availability of quality community options for IL, provision of IL core services, resource development activities to secure other funding sources, and community capacity-building activities.

A population-based formula determines the total funding available for discretionary grants to centers in each state. Subject to the availability of appropriations, the RSA

^s Cross-disability means (according to the program regulations at 34 CFR 364.4), with respect to a CIL, that a center provides IL services to individuals representing a range of significant disabilities and does not require the presence of one or more specific significant disabilities before determining that an individual is eligible for IL services.

Commissioner is required to fund centers that existed as of FY 1997 at the same level of funding they received the prior fiscal year and to provide them with a cost-of-living increase. Funding for new centers in a state is awarded on a competitive basis, based on the state's priority designation of unserved or underserved areas and the availability of funds within the state. In FY 2013, there were 354 CILs operating nationwide that received funds under this program. If a state's funding for the CIL program exceeds the federal allotment to the state, the state may apply for the authority to award grants and administer this program through its DSU. Two states, Massachusetts and Minnesota, have chosen to exercise this authority.

CILs are required to submit an annual performance report. The report tracks sources, amounts, and allocation of funds; numbers and demographic breakdowns of consumers served; services rendered and consumer outcomes achieved; and major accomplishments, challenges, opportunities, and other IL program activities within the state.

RSA also provides training and technical assistance services to CILs and SILCs nationwide through a portion of the CIL program funds, in accordance with Section 721 of the *Rehabilitation Act*.

American Recovery and Reinvestment Act of 2009 (ARRA)

The *American Recovery and Reinvestment Act of 2009 (ARRA)* authorized CILs to expend \$87,500,000 in ARRA funds over a five-year period. During FY 2013, these funds continued to enable CILs to create or expand IL programs to help individuals with significant disabilities to transition from institutions to their communities; pursue postsecondary education, employment and independent living opportunities; improve their quality of life through assistive technology and rehabilitation engineering services; and achieve their life goals through increased availability of information and referral, IL skills, peer counseling, and individual and systems advocacy services. The ARRA funds also enabled 20 newly competed CILs to begin providing IL services to individuals with significant disabilities in nine states. All ARRA funds for CILs are scheduled to expire by September 30, 2015.

INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND

Authorized Under Title VII, Chapter 2, of the *Rehabilitation Act*

The Independent Living Services for Older Individuals Who Are Blind (ILOIB) program delivers independent living (IL) services to individuals who are 55 years of age or older and whose significant visual impairment makes competitive employment difficult to attain but for whom IL goals are feasible. These services assist older individuals who are blind in managing activities of daily living and increasing their functional independence by providing adaptive aids and services, orientation and mobility training, training in communication skills and Braille instruction, information and referral services, peer counseling, and individual advocacy instruction.

Through such services, the OIB program extends the independence and improves the quality of life for older Americans who experience blindness or visual impairment while offering alternatives to costly long-term institutionalization and care. Approximately one in six older individuals over the age of 65 experience age-related vision loss.

The *Rehabilitation Act* provides that, in any fiscal year in which appropriations to this program exceed \$13 million, grants will be made on a formula basis rather than on a discretionary basis. Since FY 2000, formula grants have been made to all State VR agencies serving individuals who are blind. States participating in this program must match every \$9 of federal funds with \$1 in nonfederal cash or in-kind resources in the year for which the federal funds are appropriated.

The total Title VII, Chapter 2 grant awards made to States was \$31,916,815 in FY 2013. In addition, the 56 OIB grantees received \$19,431,193 in cash and in-kind nonfederal match contributions as well as \$4,818,797 in other federal funds, for a total of \$56,166,805. This funding promotes the sustainability of the State-operated programs nationwide and builds the capacity of States to address the vastly growing numbers of older individuals with blindness and visual impairment.

In FY 2013, 60,723 older individuals who are blind or visually impaired nationwide received IL services provided through the OIB program, about 10 percent fewer individuals than in FY 2012. The OIB program continued to see an increase in services delivered to consumers that have other severe or multiple disabilities in addition to a significant visual impairment.

To maximize program performance and accountability, RSA has developed outcomes-based performance indicators.[†] These indicators will help RSA to track the percentage of consumers reporting increased independence and community integration and to provide the necessary recommendations and technical assistance to achieve continuous improvements in the OIB program.

[†] These performance indicators can be found at <http://www.rsa.ed.gov/display.cfm?pageid=73>.

TECHNICAL ASSISTANCE, TRAINING, AND SUPPORT

RSA operates and provides funding for a number of programs that support the central work of the VR program. These support programs frequently are discretionary programs that have been established to provide funding for addressing new and emerging needs of individuals with disabilities. They may, for example, provide technical assistance for more efficient management of service provision, open opportunities for previously underserved populations, initiate partnerships with the business community, and help establish an atmosphere of independence and self-confidence among individuals with disabilities that fosters competitive employment. They include training efforts designed to qualify new personnel and expand the knowledge and skills of current professionals through recurrent training, continuing education, and professional development.

CAPACITY-BUILDING FOR TRADITIONALLY UNDERSERVED POPULATIONS

Authorized Under Section 21 of the *Rehabilitation Act*

Section 21 requires RSA and NIDRR to reserve at least one percent of funds appropriated each year for programs under Titles III, VI and VII. These funds are to be used either to make awards to minority entities and Indian tribes to carry out activities under the *Rehabilitation Act* or to make awards to state or public or private nonprofit agencies to support capacity-building projects designed to provide outreach and technical assistance to minority entities and American Indian tribes to promote their participation in activities under the *Rehabilitation Act*. In FY 2013, reserving one percent from Titles III, VI, and VII amounted to \$1,975,943.

The 1998 amendments to the *Rehabilitation Act* define minority entities as historically black colleges and universities, Hispanic-serving institutions of higher education, American Indian tribal colleges or universities, and other institutions of higher learning whose minority student enrollment is at least 50 percent. Capacity-building projects are designed to expand the service-providing capabilities of these entities and American Indian tribes and increase their participation in activities funded under the *Rehabilitation Act*. Training and technical assistance activities funded under the *Rehabilitation Act* may include training on the mission of RSA, RSA-funded programs, disability legislation and other pertinent subjects to increase awareness of RSA and its programs.

In FY 2013, RSA awarded three continuation grants under the RSA Rehabilitation Capacity-Building program under the authority of Section 21 and within one priority area: establishing New Rehabilitation Training Programs (CFDA 84.315C). Three grants (Winston-Salem State University, University of the District of Columbia, and North Carolina Agricultural and Technical University) were awarded under this priority.

In addition, in FY 2013, RSA used Section 21 funds to award a continuation grant under the Rehabilitation Long-Term Training Program to eight minority-serving institutions. These included:

- Alabama A&M University
- Pontifical Catholic University of Puerto Rico
- University of Texas—El Paso
- Illinois Institute of Technology (two grants)
- University of Texas—Pan American (two grants)
- Bayamon Central University
- Langston University
- Southern University and A&M College

NIDRR's Section 21 activities are discussed in NIDRR's section of this report.

REHABILITATION TRAINING PROGRAM

Authorized Under Section 302 of the *Rehabilitation Act*

The purpose of the Rehabilitation Training Program is to ensure that skilled personnel are available to serve the rehabilitation needs of individuals with disabilities assisted through VR, supported employment, and IL programs. To that end, the program supports training and related activities designed to increase the number of qualified personnel trained in providing rehabilitation services.

Grants and contracts under this program authority are awarded to states and public and private nonprofit agencies and organizations, including institutions of higher education, to pay part of the cost of conducting training programs. Awards can be made in any of 31 long-term training fields, in addition to awards for continuing education, short-term training, experimental and innovative training, and training interpreters for persons who are deaf or hard-of-hearing, and persons who are deaf-blind. These training programs vary in terms of content, methodology and audience.

In FY 2013, RSA funded 216 training grants. These grants cover a broad array of areas, including 104 long-term training grants, 94 in-service training grants to state VR agencies, 6 grants to provide quality educational opportunities for interpreters at all skill levels, 10 grants providing technical assistance and continuing education to state VR agencies and their partners, and 2 short-term rehabilitation training grants. Together, these grants support the public rehabilitation system through recruiting and training well-qualified staff and maintaining and upgrading their skills once they begin working within the system.

The long-term training program supports academic training grants that are awarded to colleges and universities with undergraduate and graduate programs in the field of

rehabilitation. Grantees must direct 75 percent of their total project costs to trainee scholarships. The statute requires trainees who receive assistance either to work two years for every year of assistance in public or private nonprofit rehabilitation or related agencies, including professional corporations or professional practice groups that have service arrangements with a state agency, or to pay back the assistance they received. Grant recipients under the long-term training program are required to build closer relationships between training institutions and state VR agencies, promote careers in VR, identify potential employers who would meet the trainee's payback requirements, and ensure that data on the employment of students are accurate. In FY 2013, RSA funded 104 continuation grants in 10 specialty areas with \$13,592,294 in funds from this program. In addition, 25 long-term training grants, first funded in FY 2010, received a front-loaded amount to cover their final year of funding, and another long-term training grant received a front-loaded amount to cover partial funding for its final year. Finally, ten long-term training grants received funding from the section 21 set-aside, totaling \$1,376,173.

Under Title I of the *Rehabilitation Act*, each state is required to develop a Comprehensive System of Personnel Development (CSPD). The CSPD requirements include establishing procedures to ensure that there is an adequate supply of qualified staff for the state agency, assessing personnel needs and making projections for future needs, and addressing current and projected personnel training needs. States are further required to develop and maintain policies and procedures for job-specific personnel standards that are consistent with national or state-approved certification, licensure and registration requirements or, in the absence of these requirements, other state personnel requirements for comparable positions. If a state's current personnel do not meet the highest requirements for personnel standards within the state, the CSPD must identify the steps the state will take to upgrade the qualifications of its staff, through retraining or hiring.

Of the funds appropriated for the Rehabilitation Training Program, 15 percent must be used to support in-service training. During FY 2013, the Rehabilitation Training Program made 75 basic in-service training awards and 19 quality in-service training awards to state VR agencies totaling \$5,048,568 to support projects for training state VR agency personnel in program areas essential to the effective management of the VR programs under the *Rehabilitation Act* and in skill areas that enable VR personnel to improve their ability to provide VR services leading to employment outcomes for individuals with disabilities. The In-Service Training Program continued to play a critical role in helping state VR agencies to develop and implement their CSPD standards for hiring, training and retaining qualified rehabilitation professionals; provide for succession planning; provide leadership development and capacity-building; and provide training on the *Rehabilitation Act* in their respective states.

In addition to the assistance provided through the In-Service Training Program, state VR agencies had two other sources of assistance to help them meet their CSPD requirements. In FY 2013, RSA awarded \$1,486,792 for nine continuation CSPD grants under the Long-Term Training Program to help retrain VR counselors to meet the state degree standard. These nine CSPD grants are among the 104 long-term training grants

that RSA awarded in FY 2013. Funds under the Title I VR program may also be used to comply with the CSPD requirements.

In FY 2013, RSA continued to fund 10 regional Technical Assistance and Continuing Education (TACE) Centers. Grants for the 10 TACE Centers totaled \$7,898,505. Eight of the 10 TACE Centers were awarded at the end of FY 2008 with the remaining two awarded at the beginning of FY 2009. The two that were awarded in FY 2009 received additional funding totaling \$1,198,361 to allow them to operate through September 2013. Under five-year cooperative agreements, the TACE Centers provide technical assistance and continuing education to state VR agencies and their partners to improve their performance under and compliance with the Rehabilitation Act. TACE Centers are required to conduct annual needs assessments of their regions to identify the performance and compliance needs of the state VR agencies they serve. Using these needs assessments, the centers then create work plans that identify the nature and scope of technical assistance and continuing education they will provide. The 10 TACE Centers during FY 2013 worked closely with state VR agencies to address a variety of concerns. Most importantly, the TACE Centers have worked with these state agencies and their community partners to address budget shortfalls, agency restructuring and downsizing, and service priorities. In addition, the TACE Centers also provided technical support in improving employment outcomes for people with disabilities who continue to experience higher unemployment rates than their nondisabled counterparts.

The Rehabilitation Training Program also participated in the planning of an annual conference of rehabilitation educators and state agencies to discuss human resource issues and solutions. The Rehabilitation Educator's Conference took place in Arlington, Va., on Oct. 28-30, 2012. The theme of the conference was "Enhancing VR Professional Development = Consumer Success."

Program Performance Data:

For FY 2013, the following data are available to measure the performance of the Rehabilitation Training Program:

- In FY 2013, the percentage of master's-level counseling graduates who received assistance under the Rehabilitation Long-Term Training program and who reported fulfilling their payback requirements through qualifying employment was 80.5 percent. This figure represents a slight decrease from the 81.7 percent who reported achieving qualifying employment in FY 2012.
- In FY 2013, the percentage of master's-level counseling graduates who received assistance under the Rehabilitation Long-Term Training program and who reported fulfilling their payback requirement through employment in state VR agencies was 33.2 percent. This figure represents a decrease from the 35.1 percent who reported being employed in state VR agencies in FY 2012.

- The number of RSA-supported scholars who graduated during FY 2013 was 5,026, representing a slight decrease from the 5,146 scholars who graduated in FY 2012.
- The number of current scholars supported by RSA scholarships in FY 2013 was 1,943, a substantial decrease from 2,223 in FY 2012.

Allocations

The allocation of rehabilitation training grant funds for FY 2013 is shown in table 9 on the following page. Funds have been shifted to programs designed to meet the critical need to train current and new counselors to meet state agency personnel needs as retirement levels increase.

Table 9. Rehabilitation Training Program: Number of Grants and Funding Amounts: Fiscal Year 2013

	Number of Awards FY 2013	Grant Amount
Long-Term Training		
Rehabilitation Counseling	62	\$8,948,307.00
Rehabilitation Administration	1	\$100,000.00
Rehabilitation Technology	2	\$199,445.00
Vocational Evaluation/Adjustment	4	\$399,916.00
Rehabilitation of Mentally Ill	8	\$709,884.00
Rehabilitation Psychology	2	\$198,753.00
Rehabilitation of the Blind	8	\$756,415.00
Rehabilitation of the Deaf	3	\$292,820.00
Job Development/Placement	5	\$499,962.00
CSPD Priority	9	\$1,486,792.00
Long-Term Training Subtotal	104	\$13,592,294.00
Rehabilitation Counseling Front-Loading*	26	\$4,901,605.00
Long-Term Training Total	104	\$18,493,899.00
CAP Training Grant	1	\$200,000.00
Institute for Rehabilitation Issues	1	\$94,000.00
Short-Term Training Total	2	\$294,000.00
In-Service Training (Basic)	75	\$3,926,111.00
In-Service Training (Quality)	19	\$1,122,457.00
In-Service Training Total	94	\$5,048,568.00
Regional Interpreter Training	5	\$1,499,964.00
National Interpreter Training	1	\$599,992.00
Interpreter Training Total	6	\$2,099,956.00
TACE Centers	10	\$7,898,505.00
TACE Centers Front-Loading**	2	\$1,198,361.00
TACE Centers Total	10	\$9,096,866.00
Sec. 21 set-aside***		\$0.00
Grand Totals	216	\$35,033,289.00

* In FY 2013, \$1,376,173 was taken from the Section 21 set-aside to fund minority-serving institutions with rehabilitation counseling programs.

** In FY 2013, RSA provided funding for the two TACE grants initially awarded in FY 2009 with a nine-month award to allow them to operate through September 30, 2014.

*** In FY 2013, the Section 21 set-aside for the Rehabilitation Training Program was taken from moneys made available through the Migrant and Seasonal Farmworkers Program.

Source: U.S. Department of Education, 2013f.

INSTITUTE ON REHABILITATION ISSUES

The Rehabilitation Training Program supports the Institute on Rehabilitation Issues (IRI) to discuss and debate contemporary VR service delivery challenges and then to develop and disseminate publications. These publications are used in training VR professionals and as technical assistance resources for other stakeholders in the VR program. In FY 2013, RSA funded the IRI at \$94,000. Since its inception, the IRI has served to exemplify the unique partnerships among the Federal and State governments, the university training programs, and persons served by the VR agencies. The IRI publications are posted on the IRI forum website (<http://www.iriforum.org>) where they are readily accessible by persons interested in the topics. VR counselors obtain continuing education credits applicable to maintaining their certification as certified rehabilitation counselors by completing a questionnaire based on the content of an IRI publication.

In FY 2013, one publication, *Return on Investment and Economic Impact: Determining and Communicating the Value of Vocational Rehabilitation*, was submitted to RSA for review. After receiving substantial feedback from RSA, the document was still undergoing significant revision as of the end of this fiscal year. The feedback from RSA focused on two primary areas. First, RSA emphasized the need to include a discussion of components that should be in a rigorous return on investment model and added adequate and supportable options to address each component, the reasons these components need to be in a rigorous model, and the consequences if a component is missing or inadequately addressed. Second, RSA requested that the writers of the document engage in a more in-depth and critical review of existing VR return on investment studies to help readers grasp the implications of using or ignoring various aspects of the methodology for the credibility of the resulting return on investment estimates; demonstrate that there is no “perfect” way to estimate return on investment; and provide more than one option for a stronger and more rigorous methodology that is in line with the current state of the art for return on investment.

Another publication, *Serving Underserved Populations and People Who Are Deaf-Blind*, continued to be substantially revised in FY 2013. This document transitioned from a traditional comprehensive IRI document to a briefer monograph due to the complexities associated with this combined topic. Addressing the needs of two such disparate groups as traditionally underserved populations and people who are deaf-blind in one document has proven to be a challenge.

EVALUATION, RESEARCH AND INFORMATION DISSEMINATION

To improve the delivery of services to individuals with disabilities, the *Rehabilitation Act* requires the distribution of practical and scientific information regarding state-of-the-art practices, scientific breakthroughs and new knowledge regarding disabilities. OSERS supports and promotes a variety of research and demonstration projects, training programs, and a range of information dissemination projects designed to generate and make available critical data and information to appropriate audiences.

THE NATIONAL CLEARINGHOUSE OF REHABILITATION TRAINING MATERIALS Authorized Under Section 15 of the *Rehabilitation Act*

The National Clearinghouse of Rehabilitation Training Materials (NCRTM), located at Utah State University in Logan, Utah, responded to inquiries and provides the public with information about what is going on in the rehabilitation community. Inquiries usually came from individuals with disabilities, their families, national organizations, other federal and state agencies, information providers, the news media, and the general public. Most inquiries were related to federal funding, legislation affecting individuals with disabilities, and federal programs and policies. These inquiries were often referred to other appropriate sources of disability-related information and assistance.

The NCRTM digital library is an archive of historical and contemporary documents that can include white papers, conference proceedings, books and journals (in the public domain or with permission), assessment tools, manuals, training modules, training programs, slide presentations, memos, maps and tables, audio and video recordings of educational (e.g., webinars, video lectures, interviews, and conference recordings) or historical events, research findings and tools—virtually any information that serves practitioners, educators, researchers, managers or consumers under the aegis of the *Rehabilitation Act*. The website itself provided additional information including job openings, calendar of events, links to partner sites, and open forums on topics of interest.

Historically, NCRTM disseminated materials by sending hard copies to customers who were charged copy and mailing costs. Since moving to Utah State University, the dissemination process has been digitized, resulting in the elimination of waste and increased efficiency in reaching constituents.

Website usage data were collected through Google Analytics. During FY 2013, there were 62,142 visits and 37,983 unique visits to NCRTM. (“Visits” refers to the number of times a site is visited, no matter how many visitors make up those visits. “Unique visits” refers to the number of distinct individuals requesting pages from the website during a given period, regardless of how often they visit.)

The NCRTM also hosted training webinars for RSA and other rehabilitation partners. Live training webinars were hosted on an accessible web conferencing platform

(Blackboard Collaborate) and then archived on the NCRTM website. During FY 2013, the NCRTM hosted approximately 33 training and technical assistance webinars.

One of the strengths of the NCRTM program is the manner in which it has engaged individuals in the profession and helped to form communities of practice (COPs). COPs are informal associations of professionals, who come together to address a particular issue or area of interest. The technological infrastructure of the NCRTM is well-suited to facilitate this method of professional collaboration. Some examples of COPs developed through the NCRTM include the Summit Program Evaluation Group, and COPs started by Teaching Interpreting Educators and Mentors (TIEM), the Mid—America Regional Interpreter Education (MARIE), California Department of Rehabilitation, and Tribal Vocational Rehabilitation (TVR). Resource and training materials developed through these COPs have been added to the NCRTM library.

NATIONAL INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH

Authorized Under Sections 200–204 of the Rehabilitation Act

Managed by the Office of Special Education and Rehabilitative Services

Created in 1978, the National Institute on Disability and Rehabilitation Research (NIDRR) conducts comprehensive and coordinated research programs to assist individuals with disabilities. NIDRR activities are designed to improve the economic and social self-sufficiency of these individuals, with particular emphasis on improving the effectiveness of services authorized under the *Rehabilitation Act*.

The primary role of NIDRR is to provide a comprehensive and coordinated program of research and related activities to advance knowledge and inform and improve policy, practice and system capacity to maximize the inclusion and social integration, health and function, employment, and independent living of individuals with disabilities of all ages.

To address this role, NIDRR supports rehabilitation research and development centers, demonstration projects, and related activities, including the training of persons who provide rehabilitation services or who conduct rehabilitation research. In addition, NIDRR supports projects to disseminate and promote the use of information about development of rehabilitation procedures, methods, and devices. Information is provided to rehabilitation professionals and to persons with disabilities and their representatives.

NIDRR also supports data analyses on the demographics of individuals with disabilities and provides that information to policymakers, administrators, and other relevant groups. Awards are competitive, with applications reviewed by panel experts, including rehabilitation professionals, rehabilitation researchers, and persons with disabilities.

NIDRR's Research Program Mechanisms and Selected Accomplishments for 2013

NIDRR's fiscal year 2013 appropriation was \$103,125,168. These funds were used to support investments in research, dissemination, and capacity-building activities are

carried out through 11 discretionary grant funding mechanisms. Each of these mechanisms is described below along with selected accomplishments that highlight the results of NIDRR funding. In addition, information about 2013 NIDRR allocations is included. Consistent with guidance provided by Office of Management and Budget (OMB) for NIDRR performance measurement, all accomplishments reported by NIDRR consist of either *outputs* or *outcomes*. *Outputs* are the direct results of NIDRR-funded research and related activities and include products of a program's activities (e.g., study findings or publications). *Outcomes*, on the other hand, are the consequences of NIDRR-funded activities for beneficiaries and consist of advances in knowledge and understanding (i.e., short-term outcomes) and changes or improvements in policy, programs, practices, technologies and system capacity (i.e., intermediate outcomes).

The 12 categories of NIDRR accomplishments described in this report were taken from the FY 2013 annual performance reports (APRs) of NIDRR grantees. The outputs and outcomes reported cover the period between June 1, 2012, and May 31, 2013. The reported accomplishments were selected based on an internal review by NIDRR project officers of the APRs completed by grantees for 2013.

1. Rehabilitation Research and Training Centers

Rehabilitation Research and Training Centers (RRTCs) conduct coordinated, integrated, and advanced programs of research, training, and information dissemination in topical areas that are specified by NIDRR. RRTCs conduct research to improve rehabilitation methodology and service delivery systems, improve health and functioning, and promote employment, independent living, family support, and economic and social self-sufficiency for individuals with disabilities. They provide training, including graduate, pre-service and in-service training, to assist rehabilitation personnel to more effectively provide rehabilitation services to individuals with disabilities; and serve as centers of national excellence in rehabilitation research for providers and for individuals with disabilities and their representatives. Awards are normally made for a five-year period.

The following are examples of RRTC accomplishments reported to NIDRR in FY 2013:

- **New Factsheets Offer Research-based Strategies for Living Well with Multiple Sclerosis.** Researchers at the Multiple Sclerosis RRTC (Grant # H133B080025) at the University of Washington in Seattle, Washington, developed two very important factsheets for people with Multiple Sclerosis (MS) and their families based on 15 years of research. These "Living Well with MS" factsheets contain the best available evidence to help people with MS and their health care providers make more informed health care (including self-care) decisions and participate more fully in valued life activities. The factsheets were developed by content experts and reviewed by other experts in the field to represent the best knowledge available. People with MS reviewed the factsheets to make sure the information was pertinent, clear, and easy to read. The first fact sheet offers information about safe ways for people with MS to exercise. This factsheet is available at: <http://msrrtc.washington.edu/info/factsheets/exercise>. The second factsheet gives people with MS a better understanding of the prevention,

treatment, and care options available to manage the secondary symptom of pain and the science that supports those options. This factsheet has been viewed 525 times on the RRTC website and is available at:
<http://msrrtc.washington.edu/info/factsheets/pain>.

Journal Issue Devoted to Diagnosis, Management, and Therapy in Neuromuscular Diseases. Researchers at the RRTC in Neuromuscular Diseases (Grant # H133B090001) at the University of California in Sacramento, California, edited and published an entire journal regarding the diagnosis, management, and therapy issues relating to neuromuscular diseases. This two-part series of peer-reviewed journal articles provides clinicians with the state-of-the-art research and treatment of neuromuscular diseases by each specialty area (i.e., pulmonary, cardiac, orthopedic). Results are presented in: McDonald, C.M., Joyce, N.C. (2012). Neuromuscular disease management and rehabilitation, part I: diagnostic and therapy issues, *Physical Medicine and Rehabilitation Clinics of North America*, 23: xvii-xx and McDonald, C.M., Joyce, N.C. (2012). Neuromuscular disease management and rehabilitation, part II: specialty care and therapeutics, *Physical Medicine and Rehabilitation Clinics of North America*, 23: xiii-xvii.

- Employer-Led Research Documents the Business Case for Employing People with Disabilities. The RRTC on Employer Practices Related to Employment Outcomes Among Individuals with Disabilities at Cornell University (Grant # H133B100017) in Ithaca, New York, collaborated with the Conference Board Research Working Group on Improving Employment Outcomes for People with Disabilities to produce a unique research report entitled *Leveling the Playing Field: Attracting, Engaging, and Advancing People with Disabilities*. The report takes a comprehensive look at the business case for employing people with disabilities and details the steps companies can take to encourage the hiring and engagement of employees with disabilities. The report has been featured in Ability Magazine at: <http://abilitymagazine.com/New-Study-Workers-with-Disabilities-Add-Business-Benefits.html>. The full report is available at: <http://www.conference-board.org/publications/publicationdetail.cfm?publicationid=2430> and <http://digitalcommons.ilr.cornell.edu/edicollect/1292/>.
- Consumer Activated Self-Management Program Improves Health. In rural America, health management resources are more geographically dispersed and tend to be more limited, which makes managing complex health needs more difficult. Building on their successful Living Well with a Disability program, researchers at the RRTC on Disability in Rural Communities (Grant # H133B130028) at the University of Montana in Missoula, Montana, developed the Consumer Activated Self-Management (CASM) program to promote and facilitate the effective and efficient use of existing healthcare services. This program focuses on utilizing strategies that are coordinated with the participants' available healthcare resources; the program also addresses individuals' specific challenges to accessing these resources. A study implementing CASM showed that participants reported fewer health problems related to secondary conditions

and fewer days experiencing pain. A report on the study is available at:
http://rtc.ruralinstitute.umn.edu/_rtcBlog/wp-content/uploads/SelfManagement.pdf.

This research was highlighted at the 2013 American Public Health Association annual conference through the Disability Section Chair's Forum. Students organized a social media site at:
www.facebook.com/SpaceandPlaceDisabilityandHealth to engage broad participation in this scientific conversation.

2. Rehabilitation Engineering Research Centers

Rehabilitation Engineering Research Centers (RERCs) focus on issues dealing with rehabilitation technology, including rehabilitation engineering and assistive technology devices and services. The purpose of the RERC program is to improve the effectiveness of services authorized under the *Rehabilitation Act* by conducting advanced engineering research and development on innovative technologies that are designed to solve particular rehabilitation problems or remove environmental barriers. RERCs also demonstrate and evaluate such technologies, facilitate service delivery systems changes, stimulate the production and distribution of equipment in the private sector, and provide training opportunities to enable individuals, including individuals with disabilities, to become researchers and practitioners of rehabilitation technology. Awards are normally made for a five-year period.

Examples of RERC accomplishments reported to NIDRR in FY 2013 follow:

- Clinical Trial Shows Promise of Walking with Exoskeletons for Spinal Cord Injury Rehabilitation. Researchers at the RERC on Machines Assisting Recovery from Stroke and Spinal Cord Injury for Reintegration into Society (Grant # H133E120010) at the Rehabilitation Institute of Chicago in Chicago, Illinois, completed a clinical trial with the robotic exoskeleton, Ekso. The trial tested the exoskeleton itself and best training practices by implementing a 12-week program with 12 individuals with complete spinal cord injury (SCI). Early results suggest that individuals with SCI can be sufficiently trained to walk efficiently and safely in comparison to the traditional knee-ankle-foot orthosis. Information about the study is available at:
<http://res.cloudinary.com/eksobionics/image/upload/v1387239764/jssio8wgv2ufvf5redke.pdf>. Researchers have been invited to submit the results of this study for a special issue on emerging technologies by the Physical Therapy Journal. The ultimate project goal is to develop clinical evaluation and training strategies to enable individuals with paraplegia to ambulate independently at home and in the community using exoskeletons.
- Better Device Developed to Assist Blind or Visually Impaired Individuals Read Product Barcodes. Engineers at the RERC to Develop and Evaluate Technology for Low Vision, Blindness, and Multi-Sensory Loss (Grant # H133E110004) at the Smith-Kettlewell Eye Research Institute in San Francisco, California, have developed BLaDE (Barcode Localization and Decoding Engine), an Android

smartphone app, that enables a blind or visually impaired user to find and read product (UPC-A) barcodes. Unlike other commercially available smartphone apps, BLaDE provides real-time audio feedback to help visually impaired users find the barcode, which is a prerequisite to being able to read it. This product is currently available on the developer's website for free download and user testing. More information is available at the developer's website at: http://www.ski.org/Rehab/Coughlan_lab/BLaDE/.

- **First Notetaking Device on Apple iOS Platform for Individuals with Low Vision or Blindness Now Available.** In collaboration with the American Foundation for the Blind, engineers at the RERC for Wireless Technologies (Grant # H133E110002) at the Shepherd Center in Atlanta, Georgia, have developed AccessNote, the first notetaker that can be used with the Apple iOS platform that is designed specifically for VoiceOver users. VoiceOver is software that allows sightless control of Apple smartphones. AccessNotes combines efficient notetaking with other features and functions. It provides blind and visually impaired iPhone, iPad and iPod Touch users with the same functionality previously available only on expensive, specialized notetaker devices. AccessNote is now available for download at: <http://www.wirelessrerc.org/content/newsroom/accessnote-now-available-app-store>.
- **New Middleware for Full-Body Interaction with Virtual Reality Applications Supports Rehabilitation.** Developed by researchers and engineers with the RERC on Technologies for Successful Aging with Disability (Grant # H133E080024) at the University of Southern California in Los Angeles, California, Flexible Action and Articulated Skeleton Toolkit (FAAST) is a middleware, or interface, that facilitates integration of full-body gestural interaction with games and virtual reality (VR) applications using either OpenNI, <http://www.openni.org/> or the Microsoft Kinect for Windows, <http://www.microsoft.com/en-us/kinectforwindows/>, skeleton tracking software. FAAST includes a custom Virtual Reality Peripheral Network (VRPN), <http://www.cs.unc.edu/Research/vrpn/>, server to stream up to four users' skeletons over a network, allowing VR applications to read the skeletal joints as trackers using any VRPN client. Additionally, the toolkit can emulate keyboard input triggered by body posture and specific gestures. This allows the user to add custom body-based control mechanisms to existing off-the-shelf games that do not provide official support for depth sensors. This tool is used primarily by developers of markerless gesture tracking virtual reality game applications for rehabilitation. FAAST is free to use and distribute for both commercial and noncommercial purposes and as of June 1, 2013, over 3000 developers had downloaded the FASST software package. FAAST is currently available for Windows only. A description of FAAST is available at: <http://projects.ict.usc.edu/mxr/faast/>. Research results are reported in Suma, E., Krum, D., Lange, B., Koenig, S., Rizzo, A., Bolas, M. (2013). Adapting user interfaces for gestural interaction with the flexible action and articulated skeleton toolkit, *Computers & Graphics*, 37(3), 193–201.

- Standards for Universal Design of Fitness Equipment Published by ASTM. A set of guidelines and test methods developed by researchers and engineers associated with the RERC on Interactive Exercise Technologies and Exercise Physiology for People with Disabilities (Grant # H133E120005) at the University of Alabama at Birmingham in Birmingham, Alabama, to support the universal design of fitness equipment for individuals with physical disabilities were accepted and published in 2013 by ASTM, a globally recognized leader in the development and delivery of international voluntary consensus standards. The two standards are: (1) ASTM Standard Specification for Universal Design of Fitness Equipment (UDFE) for Inclusive Use by Persons with Functional Limitations and Impairments, and (2) ASTM Standard Test Method for Evaluating the Universal Design of Fitness Equipment for Inclusive Use by Persons with Functional Limitations and Impairments. Through these specifications and test methods, the standards aim to assist designers and manufacturers in reducing the possibility of injury when these products are used in accordance with the operational instructions. Validation of these standards was conducted by ASTM F08.30 Fitness Products Committee. Publication of these standards contributes to advancing the intent of the Americans with Disabilities Act (ADA) that people of all abilities be able to access all public accommodations, including fitness centers and the fitness equipment. To date, fitness equipment that is specifically designed to be accessible to people with disabilities is substantially higher priced than mainstream equipment and generally only available in rehabilitation settings. As specialized equipment is neither cost-effective nor consistent with the broad spirit of the ADA, there is a clear and urgent need for accessible fitness equipment that can be used by people with disabilities. A crucial first step toward meeting this goal is the development of appropriate standards for inclusive or universally designed fitness equipment. An abstract for the specification is available at: <http://www.astm.org/Standards/F3021.htm> and an abstract for the test method is available at: <http://www.astm.org/Standards/F3022.htm>.

3. Disability and Rehabilitation Research and Related Projects

The Disability and Rehabilitation Research Project (DRRP) program supports projects that carry out one or more of the following activities: research, development, demonstration, training, dissemination, utilization, and technical assistance. The purpose of the DRRP program is to plan and conduct research, demonstration projects, training and related activities to develop methods, procedures and rehabilitation technology that maximize the full inclusion and integration of individuals with disabilities into society, employment, independent living, family support, and economic and social self-sufficiency and to improve the effectiveness of services authorized under the *Rehabilitation Act*.

NIDRR funds four types of DRRPs: (a) Knowledge Translation (KT) projects; (b) Model Systems in Traumatic Brain Injury and Burn Injury, described hereafter under Model Systems; (c) ADA National Network projects; and (d) individual research projects. Since the first three types of DRRPs are managed as separate programs and, therefore,

discussed later in this report, only research DRRPs are described here under the general DRRP heading.

General DRRPs differ from RRTC's and RERC's in that they support short-term research relating to the development of methods, procedures and devices to assist in the provision of rehabilitation services, particularly to persons with significant disabilities. Awards can range from three to five years.

The following are examples of general DRRP accomplishments reported to NIDRR in FY 2013:

- New DVDs for Parents with Disabilities to Support Independent Caregiving. The National Center for Parents with Disabilities and Their Families (Grant # H133A080034) at Through the Looking Glass in Berkeley, California, developed three DVDs that provide information for parents with disabilities regarding adaptations, equipment, and strategies for providing care for their babies and young children. Each of the DVDs was developed for parents with specific limitations: (1) parents with repetitive stress, pain, and fatigue; (2) parents with significant physical disabilities; and (3) parents who use one hand. The DVDs include footage of numerous mothers and fathers with disabilities using different techniques and adaptations in conjunction with Through the Looking Glass occupational therapists. Information regarding the DVDs can be found at <http://lookingglass.org/component/content/article/1-latest-news/143-new-dvds-on-parenting-techniques-and-adaptations> and they can be purchased online at <http://www.lookingglass.org/store/>.
- Study Reports Clinically Relevant Knowledge about Major Depression after Spinal Cord Injury. Researchers at the University of Washington (Grant # H133A060107) in Seattle, Washington, reported promising findings for treatment of depression in people with spinal cord injury (SCI). This study demonstrated that experiencing rewarding, meaningful activities and feeling confident about being able to manage the effects of SCI were independent predictors of lesser depression severity after SCI. Physical activity level was unrelated to depression severity. The implication is that existing evidence-based depression therapies such as behavior activation, problem-solving therapy, and coping effectiveness training may be particularly promising approaches to treating depression in people with SCI, whereas exercise interventions may not be as promising an approach. These findings also offer guidance about the most promising types of psychosocial interventions to investigate for this population. The results are reported in Bombardier, C.H., Fann, J.R., Tate, D.G., Richards, J.S., Wilson, C.S., Warren, A.M., Temkin, N.R., Heinemann, A.W. for the PRISMS Investigators. (2012). An exploration of modifiable risk factors for depression after spinal cord injury: which factors should we target? *Archives of Physical Medicine and Rehabilitation*, 93, 775-781. The abstract is available at: [http://www.archives-pmr.org/article/S0003-9993\(12\)00010-X/abstract](http://www.archives-pmr.org/article/S0003-9993(12)00010-X/abstract).

- Findings from NIDRR-Funded Project Lead to Action Plans to Improve the Lives of Individuals with Disabilities in the Navajo Nation. Findings and recommendations from the Technology Access in Resource-Limited Environments DRRP (Grant # H133A090020) at San Francisco State University in San Francisco, California, have led to an action plan by the Health, Education, and Human Services (HEHS) Oversight Committee of the legislative branch of the Navajo Government. Specifically, the HEHS will follow up with the Navajo Division of Health and other providers to: (1) develop policies that will address the needs identified by the project; (2) establish a nationwide mechanism for sharing and using research findings; and (3) prepare a letter to the Navajo Housing Authority (NHA) requesting the NHA to identify the number of people with disabilities awaiting home modifications and the number who submitted requests for accessible homes to be built for them, to ensure that the needs for new homes and/or modifications can be met. In addition, the Division of General Services plans to implement modifications to governmental buildings to make them more accessible. They will use the project's findings as evidence to review and modify legislation on building codes for all buildings across the Navajo Nation to make them accessible. The report and other informational materials can be found at:

http://search.naric.com/research/pd/redesign_record.cfm?search=1&type=advanced&display=detailed&all=&exact=&any=&omit=&fld1=PN&txt1=h133a090020&op1=AND&fld2=PN&txt2=&op2=AND&fld3=PN&txt3=&op3=AND&fld4=PN&txt4=&funding_status=all&criteria=&state=&start_month=&start_year=&project_type=&funding_priority=&rec=2187.

- A Novel Methodology Promotes the Uptake of Evidence-Based Obesity Prevention Strategies for People with Disabilities. Evidence-based obesity prevention programs are traditionally developed and tested with non-disabled adults, thus limiting their effectiveness in people with disabilities. To address this gap, researchers associated with the DRRP on Obesity Prevalence, Adaptations, and Knowledge Translation in Youth and Young Adults with Disabilities from Diverse Race/Ethnic Backgrounds (Grant # H133A120102) at the University of Alabama at Birmingham in Birmingham, Alabama, created a novel set of methods to adapt existing evidence-based obesity prevention strategies for people with disabilities, referred to as GRAIDs or Guidelines, Recommendations, Adaptations, Including Disability. The methods that produced GRAIDs consist of five components: (1) a scoping review of the published and grey literature to identify potential core elements of health promotion (i.e., physical activity/nutrition) that have relevance to obesity prevention/management for people with disabilities; (2) an expert workgroup that discusses the scoping review materials and develops the content into draft GRAIDs; (3) focus groups with family members and youths/adults with disabilities who provide input on the potential applicability of the proposed GRAIDs in real world settings; (4) review of GRAIDs by national leaders from key disability organizations and professional groups through an online web portal; and (5) a national consensus meeting with 21 expert panel members who review and vote on a final set of GRAIDs. To

date, 12 sets of GRAIDs have been developed to complement 12 of the 24 obesity prevention strategies published by the U.S. Centers for Disease Control and Prevention. The GRAIDs provide health professionals with a trustworthy set of guidelines, recommendations, and adaptations to facilitate the inclusion of people with disabilities into existing obesity prevention programs. Information about GRAIDs and the methodology used to develop this tool is available at: <http://www.obesitystrategies.org>.

4. Knowledge Translation

In the disability context, Knowledge Translation (KT) is a process of ensuring that new knowledge and products gained through the course of research and development will ultimately be used to improve the lives of individuals with disabilities and further their participation in society. KT is built upon and sustained by ongoing interactions, partnerships and collaborations among various stakeholders in the production and use of such knowledge and products, including researchers, practitioners, policymakers, persons with disabilities and others. NIDRR has invested in KT by direct funding of research and development projects in its KT portfolio and by integrating the KT underlying principle of interactions, partnerships and collaborations among stakeholders into the content of all priorities. The projected long-term outcomes are knowledge and products that can be used to solve real issues faced by individuals with disabilities.

The following are examples of KT accomplishments reported to NIDRR in FY 2013:

- Educational Video on Relationships After Traumatic Brain Injury Receives Prestigious Telly Award. The Model System Knowledge Translation Center (MSKTC) (Grant # H133A110004) at the American Institute for Research in Washington, DC, in collaboration with WETA Brainline, produced a high-quality "Hot Topics" video on relationships after traumatic brain injury (TBI) that won a 2013 Online Video Bronze Telly award. The video was produced for the purpose of public education on topics related to TBI. The video described the impact of TBI on a couple's relationship. An individual with TBI and his wife shared how they worked with NIDRR-funded TBI Model Systems researchers to face challenges after he experienced a TBI. The Telly Award is "the premier award honoring the finest film and video productions, groundbreaking web commercials, videos and films, and outstanding local, regional, and cable TV commercials and programs," (<http://www.tellyawards.com/awards>). Information on the MSKTC's Telly Award can be found at: <http://www.tellyawards.com/winners/list/?l=model&event=14&category=3&award=B> and the video can be accessed at <http://www.msktc.org/tbi/Hot-Topics/Relationships/Relationships-after-TBI>.
- Millions Visit Assistive Technology Information Center. AbleData (Contract # ED-04-CO-0018/0007) operated by ICF International in Silver Spring, Maryland, is an information resource center providing information and referral on assistive technology devices. The website received over 143 million hits from more than 4.3 million visitors in one year. AbleData provides information on more than

20,000 commercially available devices associated with over 3,000 manufacturers and 900 distributors in the United States, with about 1,200 products added each year. AbleData target audiences include persons with disabilities and their families; practitioners; educators of rehabilitation professionals and their students; rehabilitation researchers; manufacturers and vendors of rehabilitation products; third-party payers; employers, disability organizations, and advocates; personnel of agencies serving persons with disabilities; national, state, and local rehabilitation agencies and facilities, both public and private; independent living centers and similar organizations; NIDRR and other federal agencies; and the general public. AbleData can be accessed at: www.abledata.com.

5. Model Systems

NIDRR's Model Systems programs in spinal cord injury (SCIMS), traumatic brain injury (TBIMS), and burns (BMS) provide coordinated systems of rehabilitation care for individuals with these conditions and conduct research on recovery and long-term outcomes. In addition, these centers serve as platforms for collaborative, multisite research, including research on interventions using randomized controlled approaches. These programs also track cohorts of patients over time. The SCIMS has over 29,096 individuals in its database; the TBIMS has over 11,730 individuals; and the BMS has over 4,900 individuals. These databases provide information on the life course of individuals who have experienced these injuries.

The following are examples of Model Systems accomplishments reported to NIDRR in FY 2013:

TBI Model Systems

- National Research Action Plan for TBI Research Released. In August 2013, President Obama announced the release of the National Research Action Plan (NRAP), a comprehensive plan for improving our ability to prevent, diagnose, and treat brain injuries and mental health issues. The NRAP was created through an interagency partnership between the Departments of Defense and Veterans Affairs, the National Institutes of Health, and the Department of Education/NIDRR in response to an Executive Order. The Plan includes an aggressive strategy to reduce suicide, and dramatically improve our ability to diagnose and treat Post Traumatic Stress Disorder (PTSD) and TBI. As part of the Plan, the four participating agencies have made an unprecedented commitment to coordinate and share data and other resources to accelerate research progress. The Department of Education/NIDRR was named as a federal partner based on the strength and importance of the research conducted under the TBI Model Systems Centers (TBIMS) program. The NRAP can be accessed at: http://www.whitehouse.gov/sites/default/files/uploads/nrap_for_eo_on_mental_health_august_2013.pdf.
- National Prevalence Estimates of Outcomes Following TBI and Implications for Changing How We Understand, Treat and Manage TBI. NIDRR has supported the

creation and maintenance of a national database for persons with TBI through its TBIMS program. Now the largest longitudinal TBI database in existence, it is being mined to advance knowledge of the life course of persons with moderate or severe TBI from the time of injury until death. To date, it can be used to understand the effects of TBI on physical and mental health, community living and participation, and employment outcomes up to 25 years after injury. Recent studies have confirmed the representativeness of this database to the national population of persons in the United States who require inpatient rehabilitation for TBI. Through an interagency partnership, the Centers for Disease Control and Prevention (CDC) and NIDRR's National Data and Statistical Center for the TBIMS (H133A110006) at Craig Hospital in Englewood, Colorado, are using the database to make national prevalence estimates of outcomes. We now know, for example, that individuals with TBI requiring inpatient rehabilitation are more than twice as likely to die compared to individuals in the US general population of similar age, gender and race, with a reduced average life expectancy of nine years. Among those who went to rehab and survived for at least five years after the injury, 12% were institutionalized and 50% had been rehospitalized at least once. Approximately one-third of them were not independent in everyday activities. Fifty-seven percent were moderately or severely disabled overall, with 39% having deteriorated from outcomes attained one or two years post-injury. The national prevalence of unemployment for this group is 60.4% at two years post-injury; and 35% of all employed individuals are employed part-time. Studies using this database are lending to the growing evidence that for some, decline occurs over time following brain injury, and that deterioration necessitates treating brain injury as a chronic health condition. Study results are reported in Cuthbert, J.P., Corrigan, J. D., Whiteneck, G. G., Harrison-Felix, C., Graham, J.E., Bell, J.M., Coronado, V.G. (2012). Extension of the representativeness of the traumatic brain injury model systems national database: 2001 to 2010. *Journal of Head Trauma Rehabilitation*, 27 (6), E15-E27. Abstract is available at: [http://www.ncbi.nlm.nih.gov/pubmed/?term=Cuthbert%2C+J.P.%2C+Corrigan%2C+J.+D.%2C+Whiteneck%2C+G.+G.%2C+Harrison-Felix%2C+C.%2C+Graham%2C+J.E.%2C+Bell%2C+J.M.%2C+%26+Coronado%2C+V.G.+%282012%29++Extension+of+the+Representativeness+of+the+Traumatic+Brain+Injury+Model+Systems+National+Database%3A+2001+to+2010.++Journal+of+Head+Trauma+Rehabilitation%2C+27+\(6\)%2C+E15%E2%80%93E27.](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cuthbert%2C+J.P.%2C+Corrigan%2C+J.+D.%2C+Whiteneck%2C+G.+G.%2C+Harrison-Felix%2C+C.%2C+Graham%2C+J.E.%2C+Bell%2C+J.M.%2C+%26+Coronado%2C+V.G.+%282012%29++Extension+of+the+Representativeness+of+the+Traumatic+Brain+Injury+Model+Systems+National+Database%3A+2001+to+2010.++Journal+of+Head+Trauma+Rehabilitation%2C+27+(6)%2C+E15%E2%80%93E27.)

Burn Model Systems

- **Seminal Study Examines Quality of Life after Burn Injury.** Researchers from the Burn Model Systems (BMS) Centers including the BMS National Data and Statistical Center (Grant # H133A070006) at the University of Colorado-Denver in Aurora, Colorado, joined researchers from the Pacific Institute for Research and Evaluation in conducting a seminal study of quality of life loss following burn injury. Nonfatal burns can cause a lifetime of serious debilities, but studies of quality of life were limited to only three published studies with inconsistent findings, none of which was conducted in the US. Utilizing the longitudinal BMS database, this study indicated that burns reduced short-term quality of life by

30% and long-term quality of life by an average of 11%, with those who experienced more serious burns showing higher loss than those with less severe burns. The trajectory of loss revealed that children recovered faster and more fully than those who were injured as adults. In brief, this seminal study showed that burns cause substantial losses in quality of life, with long-term losses comparable to traumatic brain injury. This study improves understanding of the burden that burn injury imposes on patients and their families. The results can also be used to compute cost-effectiveness of prevention, advanced treatment, and rehabilitation services. The results are reported in Miller, T., Bhattacharya, S., Zamula, W, Lezotte, D., Kowalske, K., Herndon, D., Fauerbach, J., Engrav, L. (2013). Quality-of-life loss of people admitted to burn centers, United States. *Quality of Life Research*, 22(9), 2293-305. The abstract is available at: <http://www.ncbi.nlm.nih.gov/pubmed/?term=Miller%2C+T.%2C+Bhattacharya%2C+S.%2C+Zamula%2C+W%2C+Lezotte%2C+D.%2C+Kowalske%2C+K.%2C+Herndon%2C+D.%2C+Fauerbach%2C+J.%2C+%26+Engrav%2C+L.+%282012%29.+Quality-of-life+loss+of+people+admitted+to+burn+centers%2C>.

Spinal Cord Injury Model Systems

- New Employment Outcomes Assessment Instrument Developed. Spinal Cord Injury (SCI) Model System researchers at the Shepherd Center (Grant # H133N110005) in Atlanta, Georgia, developed this instrument based on a 10-year follow-up study on employment. The instrument was designed to help differentiate outcomes and predictors between those who returned to their pre-injury employer and those who found new employment. It was developed with the input of a community advisory panel, including stakeholders with SCI, to ensure a wide scope of content coverage and face validity and is now being validated, in essence, through the data collection and by identifying the internal consistency of responses to the various items and outcomes. Little is known about post-injury employment after SCI other than its correlation with basic demographic, injury, and educational characteristics. This instrument will specifically help to differentiate those who return to employment by returning to work with the pre-injury employer and those whose post-injury employment is with a new employer. This is important because the pathways to return to a pre-injury employer may represent a unique opportunity that is time-limited, whereas finding alternative employment may take a much more prolonged path. The instrument will serve as a basis for improving vocational outcomes after SCI. The tool may be found on the Krause team website at the Medical University of South Carolina: http://academicdepartments.musc.edu/chp/longevity_after_injury/media/PDFs/10yr_voc_Instrument.pdf.

6. ADA National Network

The ADA National Network, historically known as the Disability and Business Technical Assistance Center (DBTAC) program, is comprised of a network of 10 regional centers that provide information, training, and technical assistance to businesses and agencies

with responsibilities under the Americans with Disabilities Act (ADA). An additional grantee serves as the ADA Network Knowledge Translation Center (KTC). This KTC ensures that information and products developed and identified through the ten regional centers are of high quality, based on the best available research evidence, and are deployed effectively to multiple key stakeholders. It develops processes and technology to facilitate collaboration among the regional centers to optimize the impact of the ADA Network activities.

The following is an example of an ADA Network accomplishment reported to NIDRR for FY 2013:

- **Campus Self-Evaluation Matrix Promotes Quality Indicators for Assistive Technology in Post-secondary Education.** The Great Lakes ADA Center (Grant # 133A110029) at the University of Illinois at Chicago in Chicago, Illinois, in collaboration with the Southwest ADA Center (Grant # H133A110027) at the Institute for Rehabilitation and Research in Houston, Texas, has developed and pilot-tested the Quality Indicators for Assistive Technology in Post-secondary Education (QIAT-PS). This project was designed based on the successful implementation of K-12 assistive technology indicators. The QIAT-PS tool assists with identifying the assistive technology services and tools that benefit students with disabilities in post-secondary settings, and assesses how these tools impact transition to employment or other activities following post-secondary education. The indicators provide a measure for disability service providers to determine how assistive technology service delivery is impacting student success in school and community settings. The QIAT-PS checklist is available at: <http://qiat-ps.org/tools/campus>.
- **New Checklist Assists People Who Use Electricity and Battery Dependent Assistive Technology and Medical Devices to Prepare for Emergency Power Loss.** The Pacific ADA Center (Grant # H133A110024) at the Public Health Institute in Oakland, California, has developed a checklist for individuals who use electricity and battery-dependent devices such as breathing machines, power wheelchairs, and home dialysis equipment. This tip sheet is significant in that prior to its development no such checklist existed to provide instruction for individuals with disabilities who use power-driven equipment in the event of a disaster. Information covered in this publication was also featured in a podcast on emergency planning that was sponsored by the Pacific ADA Center. This emergency power planning checklist is available at: http://www.adapacific.org/docs/power_planning_5_13.pdf.

Information on services provided by the ADA National Network program for FY 2013 is listed in tables 10, 11, and 12 on the following pages:

Table 10. ADA National Network Training Activities—Type of Training, by Number and Percentage: Fiscal Year 2013

Type of Training Activity	Number	Percent
Presentation	16	12.21
Workshop	25	19.08
Training course	29	22.14
Other	12	9.16
Webcast	19	14.50
Distance learning curricula	10	7.63
Curricula development	9	6.87
Training Manual Development	3	2.29
Planning, conducting, or sponsoring a conference	8	6.11
Total	131	100

Notes: Grantees may select more than one audience for each training activity. Percentages are based on total number of training activities. Percentages may not sum to 100% due to rounding.

Source: U.S. Department of Education, NIDRR, 2012 APRs

There were 131 identified training activities. Grantees could select multiple terms to describe each activity. The three most prevalent terms selected were training course (22.14%), workshop (19.08%), and webcast (14.5%).

Table 11. ADA National Network Technical Assistance Activities by Type, Number, and Percentage: Fiscal Year 2013

Type of TA Activity	Number	Percent
Phone calls	41,650	43.22
Email	37,017	38.41
In-person	15,428	16.01
Other ^b	2,271	2.36
Total	96,366	100.00

Note: Percentages are calculated by using the following formula: Number of technical assistance activities in each type ÷ the total number of technical assistance activities x 100. Percentages may not sum to 100 percent due to rounding.

Source: U.S. Department of Education, NIDRR, 2013 APRs

ADA National Network grantees engaged in 96,366 technical assistance (TA) activities. Approximately 43% of these activities were provided via phone calls, and another 38% were provided via email communications.

Table 12. ADA National Network Dissemination Activities by Type of Materials Disseminated: Fiscal Year 2013

Type of Materials Disseminated	Network-Generated: Electronic	Network-Generated: Other	Non-Network-Generated Electronic	Non-Network-Generated: Other
Journal articles	311	133	273	25
Project publications	251,832	24,996	N/A	N/A
Video/audio tapes	3,743	138	1,507	52
CDs/DVDs	309	182	720	50
Books/book chapters	122	3627	1,040	2,219
Bulletins/newsletters/ fact sheets	361,885	210,081	32,417	4,912
Research reports/ conference proceedings	696	10	1,128	6
Other	73,865	42,144	27,584	27,152
Total	692,763	281,311	64,669	34,416

Note: Percentages are calculated by using the following formula: Number of technical assistance activities in each type ÷ the total number of technical assistance activities x 100. Percentages may not sum to 100 percent due to rounding.

Source: U.S. Department of Education, NIDRR, 2013 APRs

ADA National Network grantees disseminated almost 693,000 electronic products that they developed themselves and over 281,000 other types of products they developed. They also disseminated materials developed by others, including almost 65,000 electronic products and over 34,000 other products. Bulletins, newsletters, and fact sheets were the most commonly disseminated types of products across all categories. Project publications were the second most commonly disseminated products.

7. Field-Initiated Projects

The Field-Initiated Projects (FIP) program supports projects that carry out research or development activities. The purpose of the FIP program is to develop methods, procedures, and rehabilitation technology that maximize the full inclusion and integration of individuals with disabilities into society. Topics and issues for FIP awards are identified by researchers, practitioners, service providers, and others outside of NIDRR. Most FIP awards are made for three years.

The following are examples of FIP accomplishments reported to NIDRR in FY 2013:

- VR Counselor Resources to Improve Services for Late Deafened and Hard of Hearing Adults. A project at the University of Arkansas for Medical Sciences (Grant # H133G090170) in Little Rock, Arkansas, has developed a resource, entitled "VR4HearingLoss." It is a website developed as a training resource for VR professionals who wish to better serve consumers with hearing loss. The

modules are called Getting Started, Who, What, How, and Where. There is also a set of training materials designed specifically for state coordinators and other administrators. Together these five modules are approved for 12 hours of Commission on Rehabilitation Counselor Certification credit. The training tool can be found at: <http://vr4hearingloss.net/>.

- Study Shows Adapted Active Video Games Can Increase Energy Expenditure. Researchers at the University of Texas Medical Branch (Grant # H133G100278), in Galveston, Texas, reported the feasibility of adapting active video games (AVGs) for non-ambulatory wheelchair users at functionally diverse levels and examined the use of these AVGs as a method for increasing energy expenditure (EE) for three young adults with severe, moderate, and no upper extremity limitation. AVGs showed clinically significant increases in EE for all three participants and can be performed by non-ambulatory wheelchair users ranging from those with no upper extremity limitation to those with severe upper extremity limitation, given appropriate adaptations. Results are reported in Rowland, J.L., Rimmer, J.H. (2012). Feasibility of using active video gaming as a means for increasing energy expenditure in three non-ambulatory young adults with disabilities. *Physical Medicine and Rehabilitation Journal*, 4(8), 569-573. The abstract is available at: [http://www.pmrjournal.org/article/S1934-1482\(12\)00144-X/abstract](http://www.pmrjournal.org/article/S1934-1482(12)00144-X/abstract).
- Brain-Computer Interface Design. Researchers from the University of Michigan (Grant # H133G090005) in Ann Arbor, Michigan, have made consumer input integral to the design and development of brain-computer interfaces (BCIs). BCIs have long been used in the laboratory and their capabilities are thought to be beneficial to people with the most severe physical impairments, however, research has not focused on the practical hurdles to home use of BCIs, use that can have a real impact on independence and employment. This research employed extensive surveys and focus groups of potential BCI users with amyotrophic lateral sclerosis, muscular dystrophy, spinal cord injury, or cerebral palsy to investigate preferred BCI design features. The results of this research are already being utilized by researchers and designers to influence the next generation of BCIs. The results are reported in Blain-Moraes, S., Gruis, K.L., Huggins, J.E., Wren, P.A. (2012). Barriers to and mediators of brain-computer interface user acceptance: focus group findings. *Ergonomics*, 55(5), 516-525 and Blain-Moraes, S., Mashour, G.A., Lee, H., Huggins, J.E., Lee, U. (2013). Altered cortical communication in amyotrophic lateral sclerosis. *Neuroscience Letters*. 543 (172), 176.
- Return on Investment of Vocational Rehabilitation for People with Mental Illness and Cognitive Disabilities. Researchers at the University of Richmond (Grant # H133G100169) in Richmond, Virginia, examined Return on Investment (ROI) of VR services for people with mental illness and cognitive disabilities. ROI is a performance measure used to evaluate the efficiency of an investment program, and it is calculated by dividing the benefits by the costs of the investment. Preliminary results of these studies suggest the ROI varies by disability and the types of services provided. For example, while persons with mental illness comprise a significant proportion of participants of the VR program and recipients

under the Social Security Administration's disability benefit programs, findings showed that the long-term ROI was mixed for this population. In contrast, VR consumers with cognitive impairments showed marked gains in ROI. Two papers are available: (1) The Effects of Vocational Rehabilitation on People with Mental Illness at: <http://people.virginia.edu/~sns5r/resint/vocrehstf/vocrehmi.pdf> and (2) The Effects of Vocational Rehabilitation on People with Cognitive Disabilities at: <http://econweb.umd.edu/~davis/eventpapers/SternEffects.pdf>.

- Intervention Curriculum to Improve Life Skills of Homeless Adults with Psychiatric Disabilities Adopted In Educational and Practice Settings. The Life Skills Curriculum, produced by the Life Skills: Transitioning from Homelessness and Isolation to Housing Stability and Community Project (Grant # H133G090046) at Boston University in Boston, Massachusetts, has been adopted and used in several educational training programs and agencies providing services to homeless individuals. The curriculum provides the content and process for delivering the life skills intervention to improve home and self-care management, food management, financial management, and safe community participation of homeless adults with psychiatric disabilities to prevent their return to the streets, re-institutionalization, hospitalization, or incarceration. Educators from Washington University in St. Louis, the University of Southern California at Los Angeles, Western Michigan University, and Boston University have used this curriculum with their practicum students in Occupational Therapy. Additionally, service providers from several different branches of the Veterans Affairs and service providers from the state of Massachusetts have also used the curriculum in their intervention programs for homeless adults and other clientele. The curriculum manuals can be found at:
http://search.naric.com/research/rehab/redesign_record.cfm?search=1&pn=H133G090046.

8. Small Business Innovation Research

The intent of NIDRR's Small Business Innovation Research (SBIR) program is to help support the development of new ideas and projects that are useful to persons with disabilities by inviting the participation of small business firms with strong research capabilities in science, engineering or educational technology. Small businesses must meet certain eligibility criteria to participate: the company must be American-owned and independently operated, it must be for profit and employ no more than 500 employees and the principal researcher must be employed by the business. During Phase I, NIDRR funds firms to conduct feasibility studies to evaluate the scientific and technical merit of an idea. During Phase II, NIDRR funds firms to expand on the results of Phase I and to pursue further development.

The following are examples of SBIR accomplishments reported to NIDRR during FY 2013:

- New HomePortal Prototype Helps People Who are Blind Independently Interact with Their Home. Researchers at CreateAbility Concepts, Inc. (Grant # H133S130027) in Carmel, Indiana, have developed a prototype

universal console system to address barriers in the use of home appliances and entertainment systems for individuals who are blind such as touch-sensitive overlays. The system includes a drop-in module that has the potential to be retrofitted into existing appliances to make them accessible and a new approach to a truly universal remote control. A working prototype of HomePortal is being evaluated in a pilot study with people who have a range of visual impairments, resulting from macular degeneration, diabetes, traumatic brain injury, aging, and developmental disabilities. Early results from the testing have been very supportive of the HomePortal concept, especially in the areas of independently using home appliances, such as microwave ovens and entertainment systems. Information about the project is available at: <http://createabilityinc.com/research/>.

- **New Device Assists those with Communication Disorders.** The Fluentbuddy Device to Enhance the Sensory and Motor Function of Individuals with Speech Communication Disorders Project (Grant # H133S130071) at Aventusoft L.L.C., of Sunrise, Florida, aims to develop a rehabilitation framework using biologically-inspired speech processing algorithms and a platform to enable a new service delivery solution for autonomous measurement, assessment and treatment of communication disorders. This is the first time speech-analysis techniques using real-world data have been applied to deliver proven clinical therapy treatment outside of a clinic--when and where the individual needs it. The technology allows individuals to identify and manage contributing parameters and choose specific program options that are tailored to one's therapy objectives. Inspired by Royal Speech Therapist, Lionel Logue, (The King's Speech), the platform is like having a personal speech therapist's assistance, but, with more flexibility. By enabling an iPhone/iPod/iPad/Android device to function as an on-the-go tool that can analyze speech and assist with therapy, users can obtain immediate feedback and assessment data. Developed through the project, "MyLynel" and "SLPMxS" are two products for fluency disorders that are commercially available on the Apple App Store and the Google Play store at: <http://mylynel.com/mylynel/> and <http://mylynel.com/slpmxs/>, respectively. The Aventusoft team has presented the technology at leading conferences: the American Speech and Hearing Association Convention (2012 and 2013); International Stuttering Awareness Day Online Conference (2013); and the National Stuttering Association Symposium (2012 and 2013). The work has been very well received and five prominent institutions signed up for the solution, including the Children's Hospital of Philadelphia.

9. Advanced Rehabilitation Research Training Projects

Advanced Rehabilitation Research Training (ARRT) projects seek to increase the capacity to conduct high-quality rehabilitation research by supporting grants to institutions to provide advanced research training to individuals with doctorates or similar advanced degrees, who have clinical or other relevant experience. Grants are made to institutions to recruit qualified persons, including individuals with disabilities, and to prepare them to conduct independent research related to disability and

rehabilitation, with particular attention to research areas that support the implementation and objectives of the *Rehabilitation Act* and that improve the effectiveness of services authorized under the Rehabilitation Act. This research training may integrate disciplines, teach research methodology, and promote the capacity for disability studies and rehabilitation science. Training projects must operate in interdisciplinary environments and provide training in rigorous scientific methods.

Examples of ARRT accomplishments reported to NIDRR during FY 2013 follow:

- **Publication Educates Professionals Working with Children with Communication Impairments.** A research fellow at the Advanced Rehabilitation Research Training (Grant # H133P090008) at the University of Washington in Seattle, Washington, prepared an article focused on children with cerebral palsy and their difficulties in producing language that can be understood by others. The article outlined the many obstacles and barriers to communications with individuals with intellectual disabilities and multiple disabilities and how technology can play a role in assisting these children to communicate without a voice. This publication educates professionals working with children with major language impairment and provides insight into how technological advances can assist with this task. The results are presented in Blain-Moraes, S., Chau, T. (2012). Challenges of developing communicative interaction in individuals with congenital profound intellectual and multiple disabilities. *Journal of Intellectual and Developmental Disability*, 37(4), 348-359. The full text is available at: <http://www.tandfonline.com/doi/full/10.3109/13668250.2012.721879#.UzArKJApCzc>.
- **Analysis Shows EMG is Important Diagnostic Tool for Individuals with Neuromuscular Diseases.** A research fellow at the ARRT (Grant # H133P110005) at the University of California in Davis, California, prepared an article on the usage of Electromyography (EMG) as an important diagnostic tool for the assessment of individuals with various neuromuscular diseases during a thorough history and physical examination. EMG provides a cost-effective diagnostic workup before ordering a battery of costly genetic tests and continues to play an important role in the diagnosis and management of patients with neuromuscular diseases. The article discussed some prototypical characteristics, findings of EMG and nerve conduction studies, and molecular genetics diagnostics. This publication teaches the clinician/practitioner what EMG studies should be performed in patients with neuromuscular disease, as well as their role in the medical system. The article appears in Lipa, B.M., Han, J.J. (2012). Electrodiagnosis in neuromuscular diseases. *Physical Medicine and Rehabilitation Clinics of North America*, 23, 565-87

Selected ARRT project statistics for the reporting period June 1, 2012 to May 31, 2013 are reflected in table 13 on the following page.

Table 13. Advanced Rehabilitation Research Training (ARRT) Projects: Selected Indicators: June 1, 2012, to May 31, 2013

Fellows	Total
Fellows enrolled this reporting period	95
Fellows completing program in reporting period	19
Fellows with disabilities	5
Fellows from race and ethnic minority populations*	44
Fellows contributing to 2013 publications	36
Total number of active awards	22
Total number of publications authored by fellows in 2013	116

NOTE: Figures reflect number of ACTIVE grants, which includes grants that received funding plus grants in a no cost extension status

Refers to fellows who are identified as Latino, African American, American Indian, Asian, and Native Hawaiian.

Source: U.S. Department of Education, NIDRR, 2013 APRs.

10. Mary E. Switzer Fellowship Program

The Mary E. Switzer Fellowship Program seeks to increase capacity in rehabilitation research by giving qualified individual researchers, including individuals with disabilities, the opportunity to develop new ideas and gain research experience. There are two levels of fellowships: Distinguished Fellowships go to individuals of doctorate or comparable academic status who have had seven or more years of experience relevant to rehabilitation research. Merit Fellowships are given to persons with rehabilitation research experience but who do not meet the qualifications for Distinguished Fellowships, usually because they are in earlier stages of their careers. Fellows work for one year on an independent research project of their design.

An example of a Switzer accomplishment reported to NIDRR during FY 2013 follows:

- Study on the Use of Service Dogs in Employment Supports Job Accommodations. An Exploratory Study of Successful Service Dog Partnerships in the Workplace (Grant # H133F12003) was conducted by Dr. Margaret Glenn at West Virginia University in Morgantown, West Virginia. Despite the evidence of growth in the use of service dogs by people with disabilities and anecdotal stories of their impact on achieving independence, no research has been conducted on their use in the employment arena. Dr. Glenn conducted a concept mapping/pattern matching study to investigate the question “what are the elements of a successful service dog partnership in the workplace?” The resulting elements were clustered by (1) dog preparation; (2) monitoring; (3) employee competence; (4) legal knowledge; (5) information and education; and (6) coworker preparation. A complementary qualitative study resulted in further identification of relevant themes. The information may be used by people who are using service dogs, VR counselors, and employers as they navigate requests for accommodation for use of a dog for new reasons, such as medical alert and psychiatric support, as well as for mobility. A report is available at:

<http://www.hindawi.com/isrn/rehabilitation/2013/278025/>. In addition, this work was highlighted in the Huffington Post at: http://www.huffingtonpost.com/kate-kelly/starting-a-conversation-a_b_3720091.html and on PetLife Radio at <http://www.petliferadio.com/workingdogsep86.html>.

Table 14 below summarizes key statistics and accomplishments for Switzer Fellows submitting annual or final performance reports in 2013. Accomplishments are defined as peer-reviewed publications, assessment tools, and information products, such as training manuals or curricula, fact sheets, newsletters, audiovisual materials, marketing tools, educational aids, web sites, or other internet sites:

Table 14. Switzer Research Fellowship Program Accomplishments for the 2013 APR Reporting Period: Fiscal Year 2013

Number of 2013 Fellows submitting an Annual or Final Performance Report in 2013	16
Number of Fellows with disabilities reporting in 2013	2
Number of Fellows from race and ethnic minority populations reporting in 2013	5
Number of Fellows reporting peer-reviewed publications in 2013	2
Number of Fellows reporting measurement tools or technology products in 2013	5
Number of Fellows reporting information products in 2013	6

Source: U.S. Department of Education, NIDRR, Grantee Performance Report, annual, or final performance reporting (FPR) forms for NIDRR Switzer Research Fellowship program for FY 2013.

11. Outreach to Minority-Serving Colleges and Universities

NIDRR's Capacity Building research agenda, as identified in its Long-Range Plan, includes a section focused on developing the talent of future leaders in rehabilitation research and development, including individuals with disabilities, and those from minority backgrounds. This part of the plan also supports NIDRR's mandate under Section 21 of the Rehabilitation Act to set aside 1 percent of its annual appropriations to address traditionally underserved populations. The Section 21 program focuses on research capacity building for minority entities such as Historically Black Colleges and Universities and institutions serving primarily Hispanic, Asian, and American Indian students, and non-minority entities with an interest in improving understanding about the needs and outcomes of individuals with disabilities from minority populations. Program activities include assisting minority entities with networking that supports enhanced collaboration between minority entities and non-minority entities, and the exchange of expertise and advanced training across program areas.

Over the past fiscal year, NIDRR has enhanced its efforts under the Section 21 Program by implementing specific strategies aimed at increasing minority participation and representation throughout the NIDRR portfolio and increasing knowledge of NIDRR

funding programs among minority-serving institutions. As part of this initiative, NIDRR conducted three competitions during FY 2013 to improve the quality and use of research related to individuals with disabilities from traditionally underserved racial and ethnic populations, and to enhance the opportunity for minority entities to conduct such research across various NIDRR funding mechanisms. Three grants were funded under the FIP, ARRT, and RRTC grant mechanisms. The award of an RRTC on Research and Capacity Building for Minority Entities to Langston University is significant in that this RRTC will not only examine experiences and outcomes of individuals with disabilities from traditionally underserved racial and ethnic populations, but will also research the feasibility and potential effectiveness of methods and models to enhance disability and rehabilitation research capacity and infrastructure at minority entities.

In fiscal year 2013, NIDRR's minority outreach contribution under Section 21 was \$1,225,000. NIDRR identified and reviewed the following Section 21 accomplishments from a DRRP for FY 2013:

- Project Empowerment Monograph on "Race, Ethnicity, and Disability Research: Modern Advancements and Future Endeavors in the Field." Project Empowerment (Grant # H133A080060) at Virginia Commonwealth University in Richmond, Virginia, identified current public VR system experiences of culturally diverse populations, evaluated current practices and methods in conducting minority disability research, and enhanced research capacity among minority researchers. One of the final outputs from this project is a monograph addressing issues of race, ethnicity, and disability research and represents the culmination of minority disability research conducted under the grant. This collection of papers addresses the experiences of ethnic minorities in the disability system, including their relationships with the educational and VR systems. In addition, the monograph includes results from several surveys developed to evaluate the capacity of rehabilitation faculty and professionals to conduct and use minority disability research, as well as the perception of its usefulness to minority rehabilitation consumers. An executive summary of the monograph is available at: http://www.vcu-projectempowerment.org/documents/At_a_Glance.pdf and the full monograph is available for purchase at the following link: <http://www.vcu-projectempowerment.org/store/index.cfm>.

12. 2013 NIDRR Allocations

The allocation of NIDRR grant funds for FY 2012 and FY 2013 for the 11 funding mechanisms discussed in this section on NIDRR is shown in table 15 on the following pages. For each funding mechanism, the table includes the number of new and continuation awards along with the corresponding grant amount and the combined totals for FYs 2012 and 2013. NIDRR's overall grant allocations across all 11 funding mechanisms totaled \$101,512,000 for FY 2012 and \$98,238,000 for FY 2013. NIDRR awarded \$6,475,168 in contracts and other support activities for FY 2013.

Table 15. NIDRR-Funded Centers and Projects: by Funding Mechanism and Awards, Fiscal Years 2012 and 2013

NIDRR-Funded Centers and Projects	Number of Awards FY 2012	Grant Amount (in thousands of dollars)	Number of Awards FY 2013	Grant Amount (in thousands of dollars)
RRTCs				
Continuations	26	\$14,065	18	\$14,065
New Awards	1	\$6,999	8	\$6,999
Total	27	\$21,064	26	\$21,064
RERCs				
Continuations	14	\$9,910	9	\$6,650
New Awards	2	\$1,900	6	\$5,550
Total	16	\$11,810	15	\$12,200
ARRTs				
Continuations	16	\$2,392	16	\$2,236
New Awards	4	\$599	3	\$450
Total	20	\$2,991	19	\$2,686
DRRPs				
Continuations	10	\$4,276	9	\$6,038
New Awards	5	\$2,496	8	\$4,051
Total	15	\$6,772	17	\$10,089
ADA Network				
Continuations	11	\$11,918	0	\$0
New Awards	1	\$613	12	\$12,533
Total	12	\$12,531	12	\$12,533
SBIRs				
	23	\$3,358	18	\$2,627
KTs				
Continuations	4	\$2,850	4	\$2,600
New	1	\$750	1	\$925
Total	5	\$3,600	5	\$3,525
FIPs				
Continuations	46	\$7,551	47	\$7,411
New Awards	25	\$6,392	17	\$3,308
Total	71	\$13,943	64	\$10,719

Table 15. NIDRR-Funded Centers and Projects: by Funding Mechanism and Awards, Fiscal Years 2012 and 2013 (continued)

NIDRR-Funded Centers and Projects	Number of Awards FY 2012	Grant Amount (in thousands of dollars)	Number of Awards FY 2013	Grant Amount (in thousands of dollars)
Mary Switzer Fellowships				
New Awards	6	\$400	7	\$465
Model Systems				
Spinal Cord Injury (includes model systems projects, collaborative projects and data center)				
Continuations	16	\$7,742	19	\$9,544
New Awards	1	\$900	0	\$0
Total	17	\$8,642	19	\$9,544
Traumatic Brain Injury (includes model systems projects, collaborative projects and data center)				
Continuations	3	\$2,334	17	\$7,624
New Awards	16	\$6,999	1	\$600
Total	19	\$9,333	18	\$8,224
Burn Injury				
Continuations	0	\$0	4	\$1,500
New Awards	4	\$1,500	1	\$350
Total	4	\$1,500	5	\$1,850
Outreach to Minority Institutions				
	3	\$1,066	3	\$1,225
TOTAL	238	\$97,010	228	\$96,751

Abbreviations and full titles of NIDRR-funded Centers and Projects:

- RRTCs—Rehabilitation Research and Training Centers
- RERCs—Rehabilitation Engineering Research Centers
- ARRTs—Advanced Rehabilitation Research Training Grants
- DRRPs—Disability and Rehabilitation Research Projects
- ADA Network—Americans with Disabilities Act National Network
- SBIRs—Small Business Innovation Research Projects
- KTs—Knowledge Translation
- FIPs—Field Initiated Projects

Note: Figures represent number of grants that received funding in the indicated year.

Note: Dollar values have been rounded to nearest one thousandth.

Source: U.S. Department of Education, NIDRR. Grant Administration and Payment System (GAPS). 2013. Washington, D.C.

ADVOCACY AND ENFORCEMENT

Through the programs and activities described in this report, Congress and the federal government are doing much to improve opportunities for employment and community integration for persons with disabilities. However, full independence cannot be achieved if individuals are not able to protect their rights under the law. Recognizing this need, Congress has created a number of programs to assist and advocate on behalf of individuals with disabilities. Several of these programs are administered by RSA and include the Client Assistance Program (CAP), the Protection and Advocacy of Individual Rights (PAIR) program, and the Protection and Advocacy for Assistive Technology (PAAT) program. Each of these programs directs its advocacy efforts to a particular group of persons with disabilities or to a specific issue. This section of the annual report provides data and information concerning the activities and performance of the CAP and PAIR programs. Information pertaining to the PAAT program is contained in the annual report to Congress prepared in accordance with Section 7 of the *Assistive Technology Act of 1998*, as amended.

Requirements under the *Rehabilitation Act* call for the continuous review of policies and practices related to the nondiscrimination and affirmative employment of individuals with disabilities and their access to facilities and information. To carry out the responsibilities stemming from those requirements, the *Rehabilitation Act* authorizes a number of advocacy and advisory programs operating at national and state levels. Such programs conduct periodic reviews of existing employment policies and practices. In addition, these programs, as applicable, develop and recommend policies and procedures that facilitate the nondiscrimination and affirmative employment of individuals who have received rehabilitation services to ensure compliance with standards prescribed by federal legislation.

Some of the advocacy programs also develop advisory information and provide appropriate training and technical assistance, as well as make recommendations to the President, the Congress, and the U.S. Secretary of Education.

Several federal agencies have been given enforcement authority to ensure that government agencies and private entities that receive federal assistance subscribe to and implement legislative provisions related to the employment of individuals with disabilities. These enforcement agencies review complaints, conduct investigations, conduct outreach and technical assistance activities to promote compliance, conduct public hearings, attempt to obtain voluntary compliance with civil rights laws, and pursue formal administrative and court enforcement where necessary. These agencies participate, when necessary, as *amicus curiae* in any United States court in civil actions. They also design appropriate and equitable remedies. Formal enforcement action may lead to the withholding of or suspension of federal funds.

CLIENT ASSISTANCE PROGRAM

Authorized Under Section 112 of the *Rehabilitation Act*

The Client Assistance Program (CAP) informs and advises all clients and client applicants of all available benefits under the Rehabilitation Act. Upon request of such individuals, the CAP assists and advocates for them in their relationships with projects, programs, and services provided under the Rehabilitation Act, including assistance and advocacy in pursuing legal, administrative, or other appropriate remedies to ensure the protection of the rights of such individuals and to facilitate access to the services funded under the Rehabilitation Act through individual and systemic advocacy. The CAP also is authorized to provide information on their rights under the Americans with Disabilities Act. Primarily, CAPs assist individuals in their relationships with the VR program.

Each governor designates a public or private agency to operate a CAP. This designated agency must be independent of any agency that provides services under the *Rehabilitation Act*, except in those cases where the *Rehabilitation Act* “grandfathered” CAPs already housed within state agencies providing services. In the event that one of these state agencies providing services under the *Rehabilitation Act* restructures, the *Rehabilitation Act* requires the governor to redesignate the CAP in an agency that does not provide services under the *Rehabilitation Act*. Currently, only a few “internal” CAPs (e.g., those housed within a state VR agency or other agency providing services under the *Rehabilitation Act*) remain.

The fiscal year 2013 appropriation for the CAP program was \$11,599,607. CAPs nationwide used these funds to respond to a total of 48,723 requests for information and provide extensive services to 6,698 individuals. Slightly more than 95 percent of those cases in which extensive services were provided involved applicants for or recipients of services from the VR program. In 83 percent of all cases, the individuals’ concerns were directly related to the delivery of VR services. This data also demonstrate that in 39 percent of the cases closed, CAPs enabled the individuals to advocate for themselves through the explanation of policies; 16 percent resulted in the development or implementation of an IPE; and 15 percent of these cases resulted in the reestablishment of communication between the individuals and other parties. In addition, 71 percent of the cases requiring action by the CAP on behalf of the individual were resolved in the individual’s favor.

Examples of CAP activities during FY 2013 include:

- In Maryland, a 19-year old woman studying to become a special education teacher contacted CAP and requested information and assistance to resolve a dispute with the VR agency regarding funding for room and board while attending Gallaudet University. Despite medical information provided by the woman’s doctor indicating that she could not commute to classes due to a medical limitation, the VR agency refused to cover her room and board. After several attempts to resolve the dispute through internal administrative reviews were unsuccessful, CAP assisted the woman to request a hearing before an administrative law judge. Prior to the scheduled pre-hearing conference, CAP

reviewed and discussed with the VR agency management its policy regarding funding for room and board for individuals attending a training program. As a result, the VR agency agreed to support the woman's request for room and board for the previous semester, as well as all future semesters.

- In Maine, a consumer was actively engaged in VR services and had an agreed upon vocational goal to become an attorney as specified in his individualized IPE. Out of necessity, the consumer obtained part-time employment as a delivery driver. His VR Counselor attempted to close his case at that time, since he had, on his own, obtained employment and seemed satisfied with this job. The consumer contacted CAP because he did not agree to the potential closure of his case. CAP staff successfully advocated for a change of his VR Counselor, who agreed to continue providing services as outlined in the IPE. However, as the case progressed, the VR agency also declined to provide disability-related services to overcome the consumer's barriers to employment as an attorney. Through CAP's advocacy and negotiation, the necessary services were supported by the VR agency and the consumer achieved his vocational goal.
- In Louisiana, a consumer was interested in pursuing his vocational goal as a Ph.D. candidate in bioengineering. The consumer is visually impaired and uses reader services provided by the VR agency. The Ph.D. program is highly technical and requires mastery of complex math and graphing. The consumer was informed by the VR agency that his reader hours would be reduced in half and suggested the consumer get his books Brailled. The consumer explained to his VR counselor that current Brailled technology has not yet reached the capacity to translate complex math and graphs into understandable Braille. As a result of CAP's advocacy, during which it provided the VR agency a portfolio of the consumer's Ph.D. program, achievements, awards and additional information supporting the request for reinstatement of reader services, the VR agency agreed to the request. The consumer was scheduled to complete his Ph.D. in 2013 and plans to work as a professor.
- In California, a young female adult who has a vocational interest in becoming a toy designer was found eligible for VR services as a high school student. Her initial IPE was developed with a goal of customer service representative. While the consumer expressed an interest in working in customer service as a summer job, the VR agency failed to explain to her that she had the right to select a longer term vocational goal consistent with her unique strengths, abilities, interests, and informed choice. The consumer requested a revision to her IPE and after several months of dispute regarding her goal and necessary training, she contacted CAP for assistance. CAP negotiated with the VR agency to develop a mutually agreed-upon IPE with an employment goal of commercial and industrial designer. As a result, the consumer's IPE was amended to include reimbursement for the spring 2012 semester at community college, ongoing training services for a Bachelor's degree, transportation services, counseling and guidance, books and supplies, and employment services. The consumer was

pleased with the new IPE and looking forward to pursuing a meaningful career with the support of the VR agency.

PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS PROGRAM

Authorized Under Section 509 of the *Rehabilitation Act*

The Protection and Advocacy of Individual Rights (PAIR) program is a mandatory component of the protection and advocacy (P&A) system, established in each of the 50 states, District of Columbia, Puerto Rico, and U.S. territories, as well as the P&A system that serves the American Indian consortium pursuant to Part C of the *Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act)*. The 57 PAIR programs provide information, advocacy and legal representation to individuals with disabilities who are not eligible for other P&A programs serving persons with developmental disabilities and mental illness or whose issues do not pertain to programs funded under the *Rehabilitation Act*. Of all the various P&A programs, the PAIR program has the broadest mandate and potentially represents the greatest number of individuals. Through the provision of information and the conduct of advocacy, PAIR programs help to ensure the protection of the rights of persons with disabilities under federal and state law in a wide variety of areas, including employment, access to public accommodations, education, housing, and transportation. PAIR programs investigate, negotiate or mediate solutions to problems expressed by individuals with disabilities. Grantees provide information and technical assistance to requesting individuals and organizations. PAIR programs also provide legal counsel and litigation services.

Prior to making allotments to the individual grantees, a portion of the total appropriation must be set-aside for each of the following two activities. During any fiscal year in which the appropriation is equal to or exceeds \$5.5 million, the Secretary must first set aside not less than 1.8 percent and not more than 2.2 percent of the amount appropriated for training and technical assistance to eligible systems established under this program. In addition, in any fiscal year in which the total appropriation exceeds \$10.5 million, the Secretary must award \$50,000 to the eligible system established under the DD Act to serve the American Indian consortium. The Secretary then distributes the remainder of the appropriation to the eligible systems within the states on a population basis after satisfying minimum allocations of \$100,000 for states except for the territories of Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Marianas Islands, each of which receives \$50,000.

Each year, PAIR programs, with input from the public, must develop a statement of objectives and priorities, including a rationale for the selection of the objectives and priorities and a plan for achieving them. These objectives and priorities define the issues that PAIR programs will address during the year, whether through individual or systemic advocacy.

The appropriation for the PAIR program in FY 2013 was \$17,087,735. PAIR programs used these funds to represent 13,675 individuals and respond to 46,908 requests for information or referral during FY 2013. Of the cases handled by PAIR programs in that

year, the greatest number of specified issues involved government benefits/services (21 percent), education (15 percent), employment (12 percent), housing (12 percent) and health care (12 percent). Because PAIR programs cannot address all issues facing individuals with disabilities solely through individual advocacy, they seek to change public and private policies and practices that present barriers to the rights of individuals with disabilities, utilizing negotiations and class action litigation. In FY 2013, 52 out of the 57 PAIR programs (91 percent) reported that these activities resulted in changes in policies and practices benefiting individuals with disabilities.

Examples of the accomplishments of PAIR programs in five States during FY 2013 are highlighted below:

- Disability Rights Iowa assisted a 29-year old woman who is partially blind and had not received her requested accommodations when taking the graduate entrance exams. The P&A contacted the testing service, explained her onsite and testing experience, and recommended accommodations to the testing process for individuals with disabilities. As a result, the testing service modified its policy to improve access to the exam for individuals with disabilities, including those who are blind.
- Disability Rights New Mexico (DRNM) assisted a 77-year old veteran to transition from a nursing home, where he had lived for one year, to the community. He had been placed in the home by his legal guardian under the authority of a power of attorney (PoA), though he had the ability to live independently. The veteran sought guidance and services from DRNM after the nursing home took the position that he lacked capacity to revoke the PoA. The P&A advocated for the veteran by clarifying that, when a PoA is revoked by an individual of sound mind, this decision must be upheld. Consequently, the nursing home acquiesced to the veteran's decision and he is currently living independently within the community.
- The North Dakota Protection and Advocacy Project assisted a 38-year old woman incarcerated in state prison with a diagnosis of Hepatitis C. She experienced significant delays in her medical treatments while serving her sentence. The P&A provided self-advocacy services to the client so that she was able to better address her needs for disability-related services within the prison. As a result of her advocacy efforts, the individual was seen by a physician and a protocol for treatment for her was implemented within the state prison system.
- The Disability Law Center of Alaska assisted a man with epilepsy whose Social Security benefits were terminated following an updated classification review of his records. Because he no longer received the benefits, he was unable to make personal bill payments and his utility services were suspended. The P&A investigated and learned that the reclassification was incorrect and his benefits should not have been ceased. The P&A resolved the mistake with the Social Security Administration and the individual's benefits were resumed, enabling him to maintain stable housing.

- The Georgia Advocacy Office advocated for an individual with deafness after he was refused a sign language interpreter by the hospital during a post-operative procedure. The P&A successfully negotiated with the hospital's attorney to ensure that this individual would have a qualified sign language interpreter for the entire duration of future visits. In addition, the P&A provided the hospital with technical assistance, including policy and legal decisions, to improve its communication policy. The P&A also addressed this issue by training staff of another hospital on effective communication with persons who are both deaf and blind.

EMPLOYMENT OF PEOPLE WITH DISABILITIES

**Authorized Under Section 501 of the *Rehabilitation Act*
Managed by the Equal Employment Opportunity Commission**

The *Rehabilitation Act* authorizes the Equal Employment Opportunity Commission (EEOC) to enforce the nondiscrimination and affirmative employment provisions of laws and regulations concerning the employment of individuals with disabilities. As part of its oversight responsibilities, the EEOC conducts on-site reviews of federal agency affirmative action employment programs. Based on these reviews, the EEOC submits findings and recommendations for federal agency implementation. The EEOC then monitors the implementation of these findings and recommendations by performing follow-up on-site reviews. For more information, visit <http://www.eeoc.gov/eeoc>.

ARCHITECTURAL AND TRANSPORTATION BARRIERS COMPLIANCE BOARD

(Access Board)

Authorized Under Section 502 and Section 508 of the *Rehabilitation Act*

Section 502 of the *Rehabilitation Act* created the Architectural and Transportation Barriers Compliance Board, also known as the Access Board. Section 502 lays out the duties of the board under the *Architectural Barriers Act (ABA)*, which include: ensuring compliance with standards issued under the *ABA*, developing and maintaining guidelines for complying with *ABA*, and promoting access throughout all segments of society. The Access Board also has the primary responsibility for developing and maintaining accessibility guidelines and providing technical assistance under *ADA* with respect to overcoming architectural, transportation and communication barriers. The Access Board is also responsible for developing and periodically updating guidelines under the *Telecommunications Act of 1996* that ensure access to various telecommunication products.

Composed of 25 members, the Access Board is structured to function as a representative of the general public and as a coordinating body among federal agencies. Twelve of its members are senior managers from federal departments; the other 13 are private citizens appointed by the president, a majority of whom must be individuals with disabilities. Key responsibilities of the Access Board include: developing and maintaining accessibility requirements for the built environment, transit vehicles, telecommunications equipment, and electronic and information technology;

providing technical assistance and training on these guidelines and standards; and enforcing accessibility standards for federally funded facilities.

The 1998 amendments to the *Rehabilitation Act* expanded the Access Board's role and gave it responsibility for developing access standards for electronic and information technology under Section 508 of the *Rehabilitation Act*. The description of the Access Board in Section 508 provides Information regarding its expanded role and those standards. The Access Board provides training and technical assistance on all its guidelines and standards.

With its publications, hotline and training sessions, the Access Board also provides a range of services to private as well as public organizations. In addition, the board enforces accessibility provisions of *ABA*, *ADA* and the *Telecommunications Act* through the investigation of complaints. The Access Board conducts its investigations through the responsible federal agencies and strives for amicable resolution of complaints. For more information, visit <http://www.access-board.gov>.

ELECTRONIC AND INFORMATION TECHNOLOGY

**Authorized under Section 508 of the *Rehabilitation Act*
Activities Conducted by the Assistive Technology Team,
Office of the Chief Information Officer, U.S. Department of Education**

Section 508 requires that when federal agencies develop, procure, maintain, or use electronic and information technology they shall ensure that the electronic and information technology allows federal employees with disabilities to have access to and use of information and data that is comparable to the access to and use of information and data by federal employees who are not individuals with disabilities, unless an undue burden would be imposed on the agency. Section 508 also requires that individuals with disabilities who are members of the public seeking information or services from a federal agency have access to and use of information and data that is comparable to the access to and use of information and data by members of the public who are not individuals with disabilities, unless an undue burden would be imposed on the agency. The intention is to eliminate barriers in accessing information technology, make new opportunities available for individuals with disabilities and encourage development of technologies that will help achieve a more accessible society. The 1998 amendments to the *Rehabilitation Act* significantly expanded and strengthened the technology access requirements in Section 508.

The Department's Office of the Chief Information Officer (OCIO) plays a lead role in the implementation of Section 508 through such activities as product performance testing and the provision of technical assistance to government agencies and vendors on the implementation of the Section 508 standards. The OCIO Assistive Technology Team delivers assistive technology workshops, presentations and demonstrations to other federal agencies, to state and local education institutions, and at assistive technology and information technology industry seminars and conferences and conducts numerous conformance tests of high-visibility e-government-sponsored websites.

The OCIO, in conjunction with the Access Board, the General Services Administration (GSA), and a number of other government agencies, also participates in the Interagency Section 508 Working Group, an effort coordinated by GSA and OMB, to offer technical assistance and to provide an informal means of cooperation and information sharing on implementation of Section 508 throughout the federal government. For more information, visit <http://www.ed.gov/about/offices/list/ocio/ocio.html>.

EMPLOYMENT UNDER FEDERAL CONTRACTS

**Authorized Under Section 503 of the *Rehabilitation Act*
Managed by the Employment Standards Administration,
U.S. Department of Labor**

The Department of Labor's Office of Federal Contract Compliance Program (OFCCP) is responsible for ensuring that employers with federal contracts or subcontracts in excess of \$10,000 take affirmative action to employ and advance in employment qualified individuals with disabilities. OFCCP investigators conduct at least several thousand compliance reviews and investigate hundreds of complaints each year. OFCCP also issues policy guidance to private companies and develops innovative ways to gain compliance with the law. For more information, visit <http://www.dol.gov/ofccp>.

NONDISCRIMINATION IN PROGRAMS THAT RECEIVE FEDERAL FINANCIAL ASSISTANCE

**Authorized under Section 504 of the *Rehabilitation Act*
Enforced by the
Civil Rights Division, U.S. Department of Justice, and the
Office for Civil Rights, U.S. Department of Education**

Section 504 prohibits discrimination on the basis of disability by recipients of federal financial assistance. This provision of the *Rehabilitation Act* is designed to protect the rights of any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment. Major life activities include, but are not limited to, walking, seeing, hearing, speaking, breathing, learning, working, caring for oneself and performing manual tasks.

The U.S. Department of Justice, Civil Rights Division (CRD), has overall responsibility for coordinating federal agencies' implementation and enforcement of Section 504 of the *Rehabilitation Act*.

Through its Office for Civil Rights (OCR), the Department enforces Section 504 with respect to state and local educational agencies and public and private elementary, secondary and postsecondary schools that receive federal financial assistance from the Department. In addition, OCR and CRD both have enforcement responsibilities under *ADA*. In the education context, OCR and CRD share enforcement responsibilities under Title II of *ADA*, which prohibits disability discrimination by state and local government entities, including public elementary, secondary and postsecondary schools. CRD enforces Title III of the *ADA*, which prohibits disability discrimination by private entities in places of public accommodation, including private elementary, secondary and postsecondary schools.

Examples of the types of discrimination prohibited by Section 504 and its implementing regulations include access to educational programs and facilities, improper denials of a free appropriate public education for elementary and secondary students, and improper denials of academic adjustments and auxiliary aids and services to postsecondary students. Section 504, *ADA*, and their implementing regulations also prohibit employment discrimination and retaliation for filing, or participating in any manner in an OCR complaint or proceeding, or for advocating for a right protected by these laws. For information on OCR, visit the website at: <http://www.ed.gov/about/offices/list/ocr>.

NATIONAL COUNCIL ON DISABILITY
Authorized under Section 400 of the *Rehabilitation Act*
An Independent Federal Agency

As an independent agency, the National Council on Disability (NCD) promotes policies, programs, practices, and procedures that guarantee equal opportunity for all individuals with disabilities and that empower people with disabilities to achieve economic self-sufficiency, independent living, and inclusion and integration into all aspects of society. More specifically, NCD reviews and evaluates laws, policies, programs, practices and procedures conducted or assisted by federal departments or agencies to see if they meet the needs of individuals with disabilities. The council makes recommendations based on those evaluations to the president, the Congress, the Secretary of Education, the commissioner of RSA, the director of NIDRR, and officials of federal agencies.

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APPENDIX A

APPENDIX A

Table A-1. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2013

Must Pass at Least Four of Six Indicators and Two of Three Primary Indicators^b

Agency ^c	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (> 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^f (> 35.4%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were for Individuals With Significant Disabilities ^g (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self- Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Arkansas	-45	72.06	71.36	100.00	0.706	21.15	4	3
Connecticut	9	72.01	82.94	100.00	0.633	14.86	5	3
Delaware	28	80.67	90.63	100.00	0.544	25.29	4	2
Florida	35	47.43	98.37	100.00	0.644	36.08	5	3

^a VR—Vocational Rehabilitation

^b Minimum performance-level criteria for each standard and indicator were established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on June 5, 2000 (34 CFR Part 361).

^c Separate agencies in 24 states providing specialized services to blind and visually impaired persons.

^d An individualized plan for employment (IPE) is a written document developed for each individual determined to be eligible for VR services. To pass this indicator, the number of individuals exiting the VR program securing employment during the current performance period must be at least the same as the number of individuals exiting the VR program employed during the previous performance period and, hence, comparison of the two elements must yield a number greater than or equal to zero.

^e Percentage who have received employment outcomes after provision of VR services.

^f Percentage of employed individuals that exit the VR program and are placed in an integrated setting, self-employment, or BEP (Business Enterprise Program, also known as the Vending Facility Program) with earnings equivalent to at least the minimum wage.

^g Significant disabilities are severe physical or mental impairments caused by certain conditions that seriously limit one or more functional capacities and require multiple VR over an extended period of time.

Agency ^c	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (> 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (> 68.9%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals that Were Competitive Employment ^f (> 35.4%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were for Individuals With Significant Disabilities ^g (> 89.0%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage (> .59)	Indicator 1.6: Difference Between Self- Support at Application and Closure (> 30.4)	Number of Indicators in Standard 1 that Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were Passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Idaho	0	60.62	93.16	99.08	0.822	33.03	5	3
Iowa	-10	77.67	90.00	100.00	0.803	17.36	4	3
Kentucky	6	79.12	90.35	100.00	0.662	23.23	5	3
Maine	7	69.05	33.72	98.86	1.054	34.09	5	2
Massachusetts	31	51.41	54.60	100.00	0.761	25.45	4	3
Michigan	-6	50.39	80.43	98.10	0.679	38.02	4	3
Minnesota	3	59.63	90.68	98.63	0.723	32.19	5	3
Missouri	3	82.97	93.47	97.21	0.754	22.36	5	3
Nebraska	17	42.15	94.68	100.00	0.803	38.20	5	3
New Jersey	8	71.96	93.74	100.00	0.551	42.49	5	2
New Mexico	-8	44.77	98.70	100.00	0.744	63.16	4	3
New York	93	69.54	84.64	99.06	0.669	37.10	6	3
North Carolina	34	76.95	98.87	89.82	0.557	32.40	5	2
Oregon	3	72.27	64.86	100.00	0.852	28.33	5	3
South Carolina	-40	67.04	75.60	97.82	0.636	14.08	3	3
South Dakota	3	75.24	96.54	99.55	0.707	33.63	6	3
Texas	57	70.37	88.68	99.75	0.604	30.94	6	3
Vermont	-6	74.63	66.67	97.00	0.815	18.00	4	3
Virginia	6	56.56	91.54	100.00	0.627	54.45	5	3
Washington	-6	62.05	99.63	96.32	0.781	37.87	4	3

**Table A-2. Employment Outcomes (Evaluation Standard 1) of State VR^a Agencies—
General and Combined^b, by Indicator and Jurisdiction: Fiscal Year 2013**

Must Pass at Least Four of the Six Indicators and Two of Three Primary Indicators^c

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Alabama	-520	58.59	98.28	83.28	0.489	80.22	4	2
Alaska	104	65.29	98.42	91.35	0.606	55.93	6	3
American Samoa	-1	100.00	50.00	83.33	N/A	58.33	4	2
Arizona	-186	36.43	99.15	95.94	0.517	71.50	3	2
Arkansas	-472	49.02	99.36	96.25	0.623	58.38	4	3
California	883	43.28	87.22	99.78	0.453	68.90	4	2

^a VR—Vocational Rehabilitation

^b General agencies serve persons with various disabilities other than blindness and/or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind and visually impaired.

^c Minimum performance-level criteria for each standard and indicator were established by the Rehabilitation Services Administration (RSA) and published in the Federal Register on Monday, June 5, 2000 (34 CFR Part 361).

^d An individualized plan for employment (IPE) is a written document developed for each individual determined to be eligible for VR services. To pass this indicator, the number of individuals exiting the VR program securing employment during the current performance period must be at least the same as the number of individuals exiting the VR program employed during the previous performance period.

^e Percentage who have received employment outcomes after provision of VR services.

^f Percentage of employed individuals that exit the VR program and are placed in an integrated setting, self-employment, or BEP (Business Enterprise Program, also known as the Vending Facility Program) with earnings equivalent to at least the minimum wage.

^g Significant disabilities are severe physical or mental impairments caused by certain conditions that seriously limit one or more functional capacities and require multiple VR services over an extended period of time.

^h No state wage data exists for Guam, Northern Mariana Islands and American Samoa. Therefore, Indicator 1.5 cannot be computed for these VR agencies.

Source: U.S Department of Education, OSERS, RSA 2013a

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Colorado	1,114	53.93	93.87	92.15	0.504	51.61	3	2
Connecticut	249	60.67	100.00	100.00	0.547	44.24	5	3
Delaware	243	68.01	100.00	94.20	0.412	69.94	5	2
District of Columbia	185	35.52	84.24	94.60	0.342	67.45	4	2
Florida	1,576	47.89	99.69	97.92	0.522	50.09	4	3
Georgia	239	62.57	95.17	84.76	0.434	74.44	5	2
Guam	8	42.00	61.90	100.00	N/A	69.23	4	2
Hawaii	-63	34.63	95.42	94.76	0.586	65.94	4	3
Idaho	187	59.75	99.23	99.66	0.620	75.13	6	3
Illinois	-46	54.65	90.79	100.00	0.424	60.25	3	2
Indiana	303	53.43	97.55	75.63	0.583	48.42	4	3
Iowa	-81	57.95	98.27	94.52	0.613	66.94	5	3
Kansas	172	48.45	98.95	94.52	0.509	56.50	4	2
Kentucky	49	60.81	98.22	99.97	0.612	64.35	6	3
Louisiana	-49	48.39	99.78	97.05	0.594	70.54	4	3
Maine	132	46.53	100.00	90.92	0.599	55.74	5	3
Maryland	29	44.48	91.83	100.00	0.428	70.73	4	2
Massachusetts	305	49.81	97.47	100.00	0.440	55.19	4	2
Michigan	330	50.49	99.04	95.86	0.589	61.22	5	3
Minnesota	334	60.21	99.07	100.00	0.470	67.93	5	2
Mississippi	2	73.69	98.79	65.30	0.654	61.26	6	3
Missouri	165	61.03	98.14	97.48	0.485	56.32	5	2
Montana	60	47.81	95.49	83.54	0.634	53.04	5	3

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Nebraska	122	59.97	99.61	98.77	0.555	69.36	6	3
Nevada	0	52.52	100.00	96.20	0.552	70.01	5	3
New Hampshire	42	61.23	95.48	91.70	0.554	53.67	6	3
New Jersey	3	53.81	100.00	99.97	0.434	72.72	4	2
New Mexico	-322	50.73	98.85	96.35	0.604	52.37	3	3
New York	102	48.78	96.33	98.24	0.364	59.96	4	2
North Carolina	342	56.49	99.67	77.05	0.459	63.82	5	2
North Dakota	-100	62.17	98.95	86.85	0.614	61.89	5	3
Northern Mariana Islands	1	81.82	61.11	59.09	N/A	4.55	3	1
Ohio	-2,334	45.98	95.49	99.97	0.539	61.72	4	3
Oklahoma	520	56.18	91.86	80.57	0.575	73.52	6	3
Oregon	616	56.57	99.50	94.95	0.566	74.48	6	3
Pennsylvania	427	50.88	93.84	100.00	0.544	52.27	4	3
Puerto Rico	112	72.47	96.39	84.81	0.677	92.00	6	3
Rhode Island	149	60.71	97.63	100.00	0.493	67.14	5	2
South Carolina	-478	56.70	99.86	93.53	0.570	65.85	5	3
South Dakota	29	57.06	98.33	99.86	0.552	61.10	6	3
Tennessee	83	42.11	92.16	93.99	0.500	59.64	4	2
Texas	146	59.28	97.80	81.73	0.501	54.68	5	2
Utah	101	61.08	94.26	98.73	0.570	67.73	6	3
Vermont	94	59.79	94.82	99.80	0.574	45.06	5	3
Virginia	23	65.52	85.96	81.63	0.627	44.90	5	3
Virgin Islands	540	51.38	94.50	99.03	0.409	56.25	4	2

Agency	Indicator 1.1: Change in Total Employment Outcomes After An IPE ^d (≥ 0)	Indicator 1.2: Percentage of Employment Outcomes After Services Under An IPE ^e (≥ 55.8%)	Indicator 1.3: Percentage of Employment Outcomes for All Individuals That Were Competitive Employment ^f (≥ 72.6%)	Indicator 1.4: Percentage of Competitive Employment Outcomes That Were Individuals With Significant Disabilities ^g (≥ 62.4%)	Indicator 1.5: Ratio of Average VR Wage to Average State Wage ^h (≥ .52)	Indicator 1.6: Difference Between Self- Support at Application and Closure (≥ 53.0)	Number of Indicators in Standard 1 That Were Passed	Number of Primary Indicators (1.3 to 1.5) in Standard 1 That Were passed
<i>Performance level criteria are shown in parentheses for each indicator.</i>								
Washington	89	52.69	98.59	97.10	0.503	58.62	4	2
West Virginia	368	74.33	98.70	86.38	0.622	54.23	6	3
Wisconsin	189	58.52	99.97	98.96	0.562	57.71	6	3
Wyoming	36	60.43	99.56	89.88	0.575	55.06	6	3

Table A-3. Equal Access to Service (Evaluation Standard 2) of State VR^a Agencies Serving the Blind and Visually Impaired, by Indicator and Jurisdiction: Fiscal Year 2013

Agency ^b	Indicator 2.1: Minority Service rate ratio (> .80) ^c	Minorities Exiting the VR Program ^d * Indicates fewer than 100 individuals from minority populations exiting program.
Arkansas	0.900	167
Connecticut	0.941	49*
Delaware	0.995	36*
Florida	1.020	889
Idaho	0.635	12*
Iowa	0.823	16*
Kentucky	0.911	71*
Maine	0.797	7*
Massachusetts	1.001	92*
Michigan	0.773	145
Minnesota	0.545	58*
Missouri	0.817	124
Nebraska	0.895	33*
New Jersey	0.845	285
New Mexico	0.783	78*
New York	0.781	537
North Carolina	0.780	538
Oregon	0.870	24*
South Carolina	0.918	314
South Dakota	0.759	59*
Texas	0.889	1906
Vermont	1.118	5*
Virginia	0.787	266
Washington	0.785	90*

^a VR—Vocational Rehabilitation

^b Separate agencies in 24 states providing specialized services to blind and visually impaired persons.

^c Minority service rate ratio is the ratio of the percentage of minorities exiting the VR program who received services to the percentage of nonminorities exiting the program who received services. Minimum performance level criterion for this standard and indicator (as shown in parenthesis) was established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on Monday, June 5, 2000 (34 CFR Part 361).

^d Total number of individuals from minority populations exiting the VR program during the performance period.

Source: U.S. Department of Education, OSERS, RSA 2013a

Table A-4. Equal Access to Service (Evaluation Standard 2) of State VR^a Agencies—General and Combined,^b by Indicator and Jurisdiction: Fiscal Year 2013

Agency	Indicator 2.1: Minority Service rate ratio ($\geq .80$) ^c	Minorities Exiting the VR Program ^d <i>*Indicates fewer than 100 individuals from minority populations exiting program.</i>
Alabama	0.990	4,862
Alaska	0.946	680
American Samoa	0.000	30*
Arizona	0.938	1,759
Arkansas	0.886	2,257
California	1.044	23,210
Colorado	0.886	2,725
Connecticut	0.832	1,142
Delaware	0.975	1,386
District of Columbia	0.868	3,523
Florida	0.861	13,030
Georgia	0.885	7,360
Guam	1.655	116
Hawaii	1.076	851
Idaho	0.963	888
Illinois	0.831	6,408
Indiana	0.769	3,204
Iowa	0.766	799
Kansas	0.763	2,269
Kentucky	0.876	2,289
Louisiana	0.932	3,634
Maine	0.740	216
Maryland	0.921	5,171
Massachusetts	0.952	2,869
Michigan	0.859	7,887
Minnesota	0.808	1,697
Mississippi	0.818	4,691
Missouri	0.885	4,125
Montana	0.843	638
Nebraska	0.885	1,112

^a VR—Vocational Rehabilitation

^b General agencies serve persons with various disabilities other than blindness and/or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind and visually impaired.

^c Minority service rate ratio is the ratio of the percentage of minorities exiting the VR program who received services to the percentage of nonminorities exiting the program who received services. Minimum performance level criterion for this standard and indicator (as shown in parenthesis) was established by the Rehabilitation Services Administration (RSA) and published in the *Federal Register* on Monday, June 5, 2000 (34 CFR Part 361).

^d Total number of individuals from minority populations exiting the VR program during the performance period.

Source: U.S Department of Education, OSERS, RSA 2013a

Agency	Indicator 2.1: Minority Service rate ratio ($\geq .80$)^c	Minorities Exiting the VR Program^d <i>*Indicates fewer than 100 individuals from minority populations exiting program.</i>
Nevada	0.914	1,398
New Hampshire	0.964	154
New Jersey	0.937	6,218
New Mexico	0.878	2,510
New York	0.885	19,386
North Carolina	0.994	11,707
North Dakota	0.800	610
Northern Mariana Islands	0.512	93*
Ohio	0.756	4,993
Oklahoma	0.847	3,395
Oregon	0.977	1,387
Pennsylvania	0.832	7,044
Puerto Rico	1.392	8,060
Rhode Island	0.932	738
South Carolina	0.961	9,692
South Dakota	0.816	640
Tennessee	0.925	3,275
Texas	0.952	18,933
Utah	0.943	2,026
Vermont	0.942	197
Virginia	1.371	175
Virgin Islands	0.945	4,784
Washington	0.928	3,167
West Virginia	0.837	378
Wisconsin	0.585	4,566
Wyoming	0.852	310

Source: U.S Department of Education, OSERS, RSA 2013a

APPENDIX B

APPENDIX B

Table B. Grant Awards to State VR^a Agencies and Number and Percentage of Individuals With Disabilities Employed, by Type of Disability and Jurisdiction: Fiscal Years 2012 and 2013

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
U.S. Total	2013	3,028,968,852	182,696	170,209	93.17
	2012 ^g	3,083,814,000	180,216	167,421	92.90
	Percentage Change	-1.78	-2.02	1.67	
Total—General and Combined Agencies^e	2013	2,792,604,468	176,575	164,268	93.03
	2012	2,843,781,714	173,916	161,274	92.73
	Percentage Change	-1.80	1.53	1.86	
Total—Agencies for the Blind^f	2013	236,364,384	6,121	5,941	97.06
	2012	240,032,286	6,300	6,147	97.57
	Percentage Change	-1.53	-2.84	-3.35	
General/Combined Agencies					
Alabama	2013	60,404,854	4,588	3,265	71.16
	2012	61,608,554	4,577	3,480	76.03
	Percentage Change	-1.95	0.24	-6.18	
Alaska	2013	10,096,563	601	573	95.34
	2012	10,279,380	641	592	92.36
	Percentage Change	-1.78	-6.24	-3.21	
American Samoa	2013	930,578	33	29	87.88
	2012	958,889	32	25	78.13
	Percentage Change	-2.95	3.13	16.00	

^a VR—Vocational Rehabilitation.

^b Total number of individuals with disabilities exiting the VR program securing employment during current performance period.

^c Significant disabilities are severe physical or mental impairments caused by certain conditions that seriously limit one or more functional capacities and require multiple VR services over an extended period of time.

^d Percentage = Employment outcomes of individuals with significant disabilities divided by total employment outcomes

^e General agencies serve persons with various disabilities other than blindness and/or other visual impairments. Combined agencies serve all individuals with disabilities including persons who are blind and visually impaired.

^f Separate agencies in 24 states providing specialized services to blind and visually impaired persons.

^g The FY 2012 amount of the grant award previously reported and published in the FY 2012 Annual Report to Congress (ARC) represented the net amount of federal funds that state VR agencies were either able or not able to utilize, not the total amount of federal funds available. The new figures represented in the FY 2013 ARC is the amount of VR federal funds that were allotted to each agency based upon the statutory formula; whether agencies are able to fully utilize the funds received will no longer be reflected in these figures.

Source: U.S Department of Education, OSERS, RSA 2012a

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Arizona	2013	61,814,253	1,150	1,142	99.30
	2012	62,823,314	1,144	1,122	98.08
	Percentage Change	-1.61	0.52	1.78	
Arkansas	2013	32,745,307	2,917	2,812	96.40
	2012	33,348,441	2,620	2,515	95.99
	Percentage Change	-1.81	11.34	11.81	
California	2013	289,882,431	12,239	12,152	99.29
	2012	294,857,633	11,187	11,128	99.47
	Percentage Change	-1.69	9.40	9.20	
Colorado	2013	40,050,525	2,957	2,690	90.97
	2012	40,548,289	2,496	2,237	89.62
	Percentage Change	-1.23	18.47	20.25	
Connecticut	2013	17,754,459	1,343	1,302	96.95
	2012	18,126,124	1,236	1,236	100.00
	Percentage Change	-2.05	8.66	5.34	
Delaware	2013	8,582,079	1,030	967	93.88
	2012	8,737,473	1,020	949	93.04
	Percentage Change	-1.78	0.98	1.90	
District of Columbia	2013	13,451,241	620	546	88.06
	2012	13,500,446	501	455	90.82
	Percentage Change	-0.36	23.75	20.00	
Florida	2013	138,099,670	6,793	6,703	98.68
	2012	140,317,937	6,057	5,999	99.04
	Percentage Change	-1.58	12.15	11.74	
Georgia	2013	101,896,741	3,651	3,278	89.78
	2012	103,507,198	5,120	4,396	85.86
	Percentage Change	-1.56	-28.69	-25.43	
Guam	2013	2,834,131	23	23	100.00
	2012	2,900,220	15	13	86.67
	Percentage Change	-2.28	53.33	76.92	
Hawaii	2013	11,547,149	324	319	98.46
	2012	12,884,686	235	224	95.32
	Percentage Change	-1.77	37.87	42.41	
Idaho	2013	15,303,031	1,827	1,818	99.51
	2012	15,846,442	1,813	1,802	99.39
	Percentage Change	-3.43	0.77	0.89	
Illinois	2013	109,148,062	5,511	5,511	100.00
	2012	111,621,896	5,324	5,324	100.00
	Percentage Change	-2.22	3.51	3.51	

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Indiana	2013	74,769,579	4,652	3,826	82.24
	2012	76,337,127	4,729	3,709	78.43
	Percentage Change	-2.05	-1.63	3.15	
Iowa	2013	26,358,971	2,185	2,114	96.75
	2012	26,892,363	2,162	2,076	96.02
	Percentage Change	-1.98	1.06	1.83	
Kansas	2013	27,921,434	1,707	1,641	96.13
	2012	28,478,239	1,619	1,539	95.06
	Percentage Change	-1.96	5.44	6.63	
Kentucky	2013	48,070,317	3,674	3,674	100.00
	2012	48,974,600	3,512	3,512	100.00
	Percentage Change	-1.85	4.61	4.61	
Louisiana	2013	53,719,738	2,235	2,199	98.39
	2012	54,576,549	2,012	1,978	98.31
	Percentage Change	-1.57	11.08	11.17	
Maine	2013	12,731,408	921	768	83.39
	2012	13,022,811	778	640	82.26
	Percentage Change	-2.24	18.38	20.00	
Maryland	2013	40,607,406	2,533	2,533	100.00
	2012	41,298,011	2,506	2,506	100.00
	Percentage Change	-1.67	1.08	1.08	
Massachusetts	2013	39,959,855	3,650	3,498	95.84
	2012	40,625,067	3,597	3,468	96.41
	Percentage Change	-1.64	1.47	0.87	
Michigan	2013	93,562,936	6,681	5,865	87.79
	2012	95,979,952	7,671	7,321	95.44
	Percentage Change	-2.52	-12.91	-19.89	
Minnesota	2013	38,772,151	2,738	2,738	100.00
	2012	39,482,162	2,490	2,490	100.00
	Percentage Change	-1.80	9.96	9.96	
Mississippi	2013	42,167,038	4,569	3,325	72.77
	2012	43,016,178	4,559	2,988	65.54
	Percentage Change	-1.97	0.22	11.28	
Missouri	2013	56,797,222	4,511	4,391	97.34
	2012	58,012,306	4,747	4,625	97.43
	Percentage Change	-2.09	-4.97	-5.06	
Montana	2013	11,346,108	896	764	85.27
	2012	11,551,605	830	679	81.81
	Percentage Change	-1.78	7.95	12.52	

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Nebraska	2013	15,408,894	1,887	1,342	71.12
	2012	15,679,427	1,806	1,377	76.25
	Percentage Change	-1.73	4.49	-2.54	
Nevada	2013	21,719,114	749	716	95.59
	2012	22,206,585	852	818	96.01
	Percentage Change	-2.20	-12.09	-12.47	
New Hampshire	2013	11,302,384	1,162	1,043	89.76
	2012	11,559,524	1,087	996	91.63
	Percentage Change	-2.22	6.90	4.72	
New Jersey	2013	45,535,803	4,029	4,029	100.00
	2012	46,460,711	3,758	3,758	100.00
	Percentage Change	-1.99	7.21	7.21	
New Mexico	2013	19,819,664	740	707	95.54
	2012	20,153,505	683	670	98.10
	Percentage Change	-1.66	8.35	5.52	
New York	2013	121,132,416	12,025	11,822	98.31
	2012	123,466,512	11,900	11,668	98.05
	Percentage Change	-1.89	1.05	1.32	
North Carolina	2013	87,288,587	6,723	5,359	79.71
	2012	88,654,847	6,758	5,353	79.21
	Percentage Change	-1.54	-0.52	0.11	
North Dakota	2013	10,096,563	431	389	90.26
	2012	10,279,380	708	633	89.41
	Percentage Change	-1.78	-39.12	-38.55	
Northern Marianas	2013	815,750	36	24	66.67
	2012	861,540	35	23	65.71
	Percentage Change	-5.31	2.86	4.35	
Ohio	2013	130,020,270	3,714	3,714	100.00
	2012	133,070,320	3,510	3,510	100.00
	Percentage Change	-2.29	5.81	5.81	
Oklahoma	2013	42,454,464	2,241	2,058	91.83
	2012	43,148,411	3,106	2,748	88.47
	Percentage Change	-1.61	-27.85	-25.11	
Oregon	2013	33,835,235	2,313	2,232	96.50
	2012	34,436,588	2,032	1,899	93.45
	Percentage Change	-1.75	13.83	17.54	
Pennsylvania	2013	128,881,180	9,950	9,949	99.99
	2012	131,560,791	9,939	9,938	99.99
	Percentage Change	-2.04	0.11	0.11	
Puerto Rico	2013	70,557,525	3,026	2,699	89.19
	2012	72,425,264	2,901	2,548	87.83
	Percentage Change	-2.58	4.31	5.93	

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities^d
Rhode Island	2013	10,251,822	603	603	100.00
	2012	10,494,092	602	595	98.84
	Percentage Change	-2.31	0.17	1.34	
South Carolina	2013	48,984,182	5,436	4,907	90.27
	2012	49,776,562	6,318	5,833	92.32
	Percentage Change	-1.59	-13.96	-15.88	
South Dakota	2013	8,077,250	861	861	100.00
	2012	8,223,504	823	821	99.76
	Percentage Change	-1.78	4.62	4.87	
Tennessee	2013	73,227,899	1,966	1,885	95.88
	2012	74,531,041	1,906	1,803	94.60
	Percentage Change	-1.75	3.15	4.55	
Texas	2013	191,423,641	12,286	10,497	85.44
	2012	193,281,374	11,856	10,032	84.62
	Percentage Change	-0.96	3.63	4.64	
Utah	2013	30,529,068	3,665	3,626	98.94
	2012	30,873,493	3,427	3,385	98.77
	Percentage Change	-1.12	6.94	7.12	
Vermont	2013	8,884,975	1,821	1,811	99.45
	2012	9,045,854	1,791	1,786	99.72
	Percentage Change	-1.78	1.68	1.40	
Virgin Islands	2013	2,004,445	37	37	100.00
	2012	2,058,771	57	55	96.49
	Percentage Change	-2.64	-35.09	-32.73	
Virginia	2013	57,218,893	3,141	3,137	99.87
	2012	58,108,578	2,726	2,713	99.52
	Percentage Change	-1.53	15.22	15.63	
Washington	2013	45,237,023	2,805	2,752	98.11
	2012	45,861,517	2,784	2,723	97.81
	Percentage Change	-1.36	0.75	1.07	
West Virginia	2013	26,200,587	3,831	3,144	82.07
	2012	26,767,579	3,393	2,735	80.61
	Percentage Change	-2.12	12.91	14.95	
Wisconsin	2013	60,275,034	3,840	3,826	99.64
	2012	61,532,672	3,250	3,221	99.11
	Percentage Change	-2.04	18.15	18.78	
Wyoming	2013	10,096,563	698	633	90.69
	2012	10,279,380	678	605	89.23
	Percentage Change	-1.78	2.95	4.63	

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes ^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities ^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities ^d
Blind Agencies					
Arkansas	2013	4,465,269	327	327	100.00
	2012	4,547,515	313	313	100.00
	Percentage Change	-1.81	4.47	4.47	
Connecticut	2013	3,133,140	113	113	100.00
	2012	3,198,728	111	111	100.00
	Percentage Change	-2.05	1.80	1.80	
Delaware	2013	1,514,484	25	24	96.00
	2012	1,541,907	45	45	100.00
	Percentage Change	-1.78	-44.44	-46.67	
Florida	2013	28,285,474	690	690	100.00
	2012	28,739,818	740	740	100.00
	Percentage Change	-1.58	-6.76	-6.76	
Idaho	2013	2,388,334	80	78	97.50
	2012	2,160,878	81	80	98.77
	Percentage Change	10.53	-1.23	-2.50	
Iowa	2013	6,182,968	99	99	100.00
	2012	6,308,085	82	82	100.00
	Percentage Change	-1.98	20.73	20.73	
Kentucky	2013	7,825,400	336	336	100.00
	2012	7,972,609	368	368	100.00
	Percentage Change	-1.85	-8.70	-8.70	
Maine	2013	2,889,952	109	109	100.00
	2012	2,956,098	116	116	100.00
	Percentage Change	-2.24	-6.03	-6.03	
Massachusetts	2013	7,051,739	260	260	100.00
	2012	7,169,130	250	250	100.00
	Percentage Change	-1.64	4.00	4.00	
Michigan	2013	16,511,106	178	170	95.51
	2012	16,937,639	145	144	99.31
	Percentage Change	-2.52	22.76	18.06	
Minnesota	2013	8,510,960	101	101	100.00
	2012	8,666,816	81	80	98.77
	Percentage Change	-1.8	24.69	26.25	
Missouri	2013	8,486,941	270	257	95.19
	2012	8,668,506	270	264	97.78
	Percentage Change	-2.09	0.00	-2.65	
Nebraska	2013	2,826,483	42	42	100.00
	2012	2,876,108	63	63	100.00
	Percentage Change	-1.73	-33.33	-33.33	

Agency	Fiscal Year and Percentage Change	Amount of Grant Award (\$) and Percentage Change	Total Employment Outcomes^b and Percentage Change	Employment Outcomes of Individuals With Significant Disabilities^c and Percentage Change	Percentage of Individuals With Employment Outcomes Who Have Significant Disabilities^d
New Jersey	2013	11,383,951	280	261	93.21
	2012	11,615,178	284	279	98.24
	Percentage Change	-1.99	-1.41	-6.45	
New Mexico	2013	4,498,942	15	15	100.00
	2012	4,574,722	35	35	100.00
	Percentage Change	-1.66	-57.14	-57.14	
New York	2013	23,072,841	509	494	97.05
	2012	23,517,431	486	472	97.12
	Percentage Change	-1.89	4.73	4.66	
North Carolina	2013	17,248,643	640	547	85.47
	2012	17,518,623	562	445	79.18
	Percentage Change	-1.54	13.88	22.92	
Oregon	2013	4,833,605	63	63	100.00
	2012	4,919,513	101	101	100.00
	Percentage Change	-1.75	-37.62	-37.62	
South Carolina	2013	7,319,476	247	247	100.00
	2012	7,437,877	257	257	100.00
	Percentage Change	-1.59	-3.89	-3.89	
South Dakota	2013	2,019,313	121	121	100.00
	2012	2,055,876	120	120	100.00
	Percentage Change	-1.78	0.83	0.83	
Texas	2013	47,855,910	1,232	1,208	98.05
	2012	48,320,344	1,417	1,413	99.72
	Percentage Change	-0.96	-13.06	-14.51	
Vermont	2013	1,211,588	70	70	100.00
	2012	1,233,526	68	67	98.53
	Percentage Change	-1.78	2.94	4.48	
Virginia	2013	8,549,949	195	193	98.97
	2012	8,682,891	158	158	100.00
	Percentage Change	-1.53	23.42	22.15	
Washington	2013	8,297,916	119	116	97.48
	2012	8,412,468	147	144	97.96
	Percentage Change	-1.36	-19.05	-19.44	

APPENDIX C

DEFINITION OF “*INDIVIDUAL WITH A DISABILITY*” AS LISTED IN SECTION 7(20) OF THE *REHABILITATION ACT*

(A) In general

Except as otherwise provided in subparagraph (B), the term “individual with a disability” means any individual who—

- (i) has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and
- (ii) can benefit in terms of an employment outcome from vocational rehabilitation services provided pursuant to Title I, III, or VI.

(B) Certain programs; limitations on major life activities

Subject to subparagraphs (C), (D), (E), and (F), the term “individual with a disability” means, for purposes of Sections 2, 14, and 15, and Titles II, IV, V, and VII of this act, any person who—

- (i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities;
- (ii) has a record of such an impairment; or
- (iii) is regarded as having such an impairment.

(C) Rights and advocacy provisions

- (i) In general; exclusion of individuals engaging in drug use

For purposes of Title V, the term “individual with a disability” does not include an individual who is currently engaging in the illegal use of drugs, when a covered entity acts on the basis of such use.

- (ii) Exception for individuals no longer engaging in drug use

Nothing in clause (i) shall be construed to exclude as an individual with a disability an individual who—

- (I) has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;
- (II) is participating in a supervised rehabilitation program and is no longer engaging in such use; or
- (III) is erroneously regarded as engaging in such use, but is not engaging in such use; except that it shall not be a violation of this act for a covered entity to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual described in subclause (I) or (II) is no longer engaging in the illegal use of drugs.

(iii) Exclusion for certain services

Notwithstanding clause (i), for purposes of programs and activities providing health services and services provided under Titles I, II, and III, an individual shall not be excluded from the benefits of such programs or activities on the basis of his or her current illegal use of drugs if he or she is otherwise entitled to such services.

(iv) Disciplinary action

For purposes of programs and activities providing educational services, local educational agencies may take disciplinary action pertaining to the use of possession of illegal drugs or alcohol against any student who is an individual with a disability and who currently is engaging in the illegal use of drugs or in the use of alcohol to the same extent that such disciplinary action is taken against students who are not individuals with disabilities. Furthermore, the due process procedures at Section 104.36 of Title 34, Code of Federal Regulations (or any corresponding similar regulation or ruling) shall not apply to such disciplinary actions.

(v) Employment; exclusion of alcoholics

For purposes of Sections 503 and 504 as such sections relate to employment, the term “individual with a disability” does not include any individual who is an alcoholic whose current use of alcohol prevents such individual from performing the duties of the job in question or whose employment, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

(D) Employment; exclusion of individuals with certain diseases or infections

For the purposes of Section 503 and 504, as such sections relate to employment, such terms does not include an individual who has a currently contagious disease or infection and who, by reason of such disease or infection, would constitute a direct threat to the health or safety of other individuals or who, by reason of the currently contagious disease or infection, is unable to perform the duties of the job.

(E) Rights provision; exclusion of individual on basis of homosexuality or bisexuality

For purposes of Sections 501, 503, and 504—

- (i)** for purposes of the application of subparagraph (B) to such sections, the term “impairment” does not include homosexuality or bisexuality; and
- (ii)** therefore the term “individual with a disability” does not include an individual on the basis of homosexuality or bisexuality.

(F) Rights provisions; exclusion of individuals on basis of certain disorders

For the purposes of Sections 501, 503, and 504, the term “individual with a disability” does not include an individual on the basis of—

- (i)** transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;
- (ii)** compulsive gambling, kleptomania, or pyromania; or
- (iii)** psychoactive substance use disorders resulting from current illegal use of drugs.

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